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THE UNIVERSITY OF ALBERTA

PSYCHOGENIC HEADACHES AND MARITAL MALADJUSTMENT

by

DENNIS M. LA MOTHE (C)

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF SCIENCE

IN

FAMILY STUDIES

FACULTY OF HOME ECONOMICS

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UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled Psychogenic Headaches and Marital Maladjustment submitted by Dennis M. La Mothe in partial fulfilment of the requirements for the degree of Master of Science.

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Supervisor

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Date. May 20, 1976

ABSTRACT

Little research has been conducted to investigate the relationship between physical symptoms and marital adjustment. The purpose of this thesis was to determine how psychogenic headaches are related to marital adjustment, as determined by a Gestalt framework. Five married couples who were childless, with wives unemployed and having a minimum of one headache per week originating after marriage, were selected from a physician's clinic to ensure that the headaches were not of physical origin. A personal interview, the Edward's Personality Preference Schedule (EPPS) and the Marital Adjustment Inventory (MAI) were administered to the couples in their homes. Results showed that wives had a positive attitude towards their marriages, their system of manipulation was not functioning properly, and retroflection was the major defense mechanism employed by the wives, resulting in poor contact boundary between the spouses. Information was incomplete for the systems of orientation of the participating couples. It was also impossible to determine from the data collected, how retroflection actually affects the marital relationship and attitudes. While there was incomplete data to draw firm conclusions, it was demonstrated that interpersonal relationships, in particular, marital relationships can give rise to psychogenic manifestations. Given this, it would seem feasible to treat the psychogenic manifestation through marital counselling, rather than chemical therapy.

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CHAPTER I

INTRODUCTION

Research that has been compiled in regards to marital relationships has neglected to look at the importance of physical health to the marital relationship. In particular, chronic psychogenic headaches could have a major impact on a marital relationship and/or be representative of stress and tensions in the marriage. It could inhibit the couple's social, recreational and domestic life, thus placing more strain on the marital relationship. When a conflict arises, the headache could be used as a means of withdrawing from the arena of conflict, thus providing a poor medium for the couple's growth. This is not to say that withdrawal in and of itself is unhealthy, but that the manner in which withdrawal is accomplished can be pathological to the individual and/or couple. The chronic psychogenic headache can be representative of an area in which there is discontent, and dissatisfaction then spreads out into other areas of the relationship which were not previously unsatisfactory, thus creating new areas of conflict.

The purpose of this thesis is to determine whether the "presenting" symptom is related to marital adjustment and how it is related to marital adjustment as determined by the Gestalt framework. To accomplish these goals, I will first present reviews of literature in the areas of psychogenic headaches and

marital adjustment. A second area of the literature which will also be reviewed is that of Gestalt theory, and propositions will be developed from this in order to conceptualize a working flow chart to assess whether the "presenting" symptom is related to marital adjustment and how it is related to marital adjustment.

Once a framework has been established, a sample of couples in which one of the members suffers from psychogenic headaches will be selected. These couples will be interviewed and their marriages assessed in terms of self-concepts, concepts of spouse, concepts of the marital relationship, as well as in terms of the strengths of the personality needs of the individuals.

CHAPTER II

CONCEPTUAL FRAMEWORK

Gestalt Framework

Gestalt theory was selected for its view of marital adjustment in terms of need satisfaction and manipulation of the environment to meet the needs of both husband and wife and the marital unit. In addition, the manner in which neurosis is viewed in terms of Gestalt theory satisfies the link between maladjustment and psychosomatic symptoms such as psychogenic headaches.

In using this framework there are several assumptions that have been made. One is that the more important the unfulfilled needs, the greater the chance for an unsatisfactory relationship. Secondly, conflict between needs arising in other environmental fields and needs arising in the marital environment produces maladjustment. Thirdly, neurotic mechanisms function as a defense in an attempt to restore equilibrium. Fourthly, the marriage, an environmental field, needs the following for an adjusted marriage: (a) maintenance of marriage, (b) gratification of important social, psychological and physiological needs.

A. The Gestalt

The first premise of Gestalt theory is that it is the organization of facts, perceptions, behavior, or phenomena, and not the individual items, which make and define the approach. Man does not perceive things in unrelated terms, but rather perceives

them in an organized, meaningful whole (Koffka, 1963; Perls, 1973). Accordingly, Gestalt theory states that human nature can only be understood as a function of the patterns or wholes of which it is made, and not the individual parts that go into making up this organization pattern or whole. Each has an effect on the whole and is affected itself by the whole.

B. Organismic Self-Regulation

A second principle of Gestalt theory is that all life is governed by a process called organismic self-regulation (Fagan, 1970; Kohler, 1947). Simply, this process is the manner by which an organism maintains equilibrium, thus satisfying its needs. Given that the needs of a person are constantly changing, one can then posit that this process is necessary for healthy functioning. If there is a disturbance in the organismic-self-regulation process, then the individual would be in disequilibrium.

C. Needs

An individual has physiological, psychological and social needs. The organismic self-regulation process is active in each of these need areas. To clarify this concept, a few examples will be given. One physiological need is water. It is known that the water level of the blood must be kept at certain level for normal functioning. At the time when the water level drops below a certain level, the production of urine, salivation and perspiration are slowed down accordingly. Also, at this time to bring the water level up in the blood the tissues in the body relinquish

some of their water and pass it on to the blood. Physiologically, the blood's need for water is restored to equilibrium through the organismic self-regulation process. If the level of water in the blood falls to even a lower level and disequilibrium arises again, the person becomes thirsty. This is experienced psychologically as the wish to drink. Now the person seeks water, consumes it, and equilibrium is restored (Perls, 1973).

One social need is interaction with others. An example of a social need is as follows. A man is sitting alone one evening, watching television. Feeling lonely, he decides to go to a local pub where he knows his friends associate a few nights each week. Desiring their company, he dresses in appropriate attire and drives to the pub. He finds his friends, spends a few hours with them, and goes home to rest. At this point, his social need has been satisfied, and another, more dominant need (sleep), is established and requires satisfaction.

It is self-evident that an individual can only exist in relation to some environmental field. Even the hermit in the isolated wilderness area is living in relation to an environmental field. When we look at the total field we are looking at the individual plus the environment. The relationship that exists between the individual and the environment is one of dialectical opposites. When the organism has a need, it looks to the environmental field for gratification of that need. The reverse is also true. When the environmental field has a need to be met, it will look to the organism for gratification. This process can be described as follows. First the system of orientation discovers what is needed. The system of orientation in any

living organism is that system which creates a hierarchy of needs that the organism attends to. At any given time, if the organism is functioning in a healthy state, the organism is aware of its needs. For example, if a person were in the desert and had not consumed any liquid for several days, his system of orientation would tell him that he needed water. However, if the air he was breathing was cut off, his system of orientation would not tell him of his need for water since the dominant need would be for air. In this manner, the system of orientation functions. No matter what healthy, living organism you are considering, the organism is able to find out what is needed. When this is completed, then the organism has to manipulate its environment to obtain its needs. Finally, disequilibrium is restored to equilibrium and the Gestalt is closed.

It now can be seen that organismic self-regulation is the process that one individual goes through to interact with one's environment to obtain satisfaction of one's needs. If more than one need became figure in the organism's environmental field, everything else would become background. When this need is satisfied, the Gestalt will be closed; equilibrium is restored. The organism will then move on to satisfying another need through interaction with its environment.

D. Wholistic Doctrine

A third and equally important premise is of the "Wholistic Doctrine." Gestalt theory operates from a belief in the unified organism. As more knowledge is uncovered in the area of

psychosomatic medicine, it is becoming increasingly evident that there exists a close relationship between mental and physical activity. Gestalt theory posits that while mental activity uses a lower amount of energy than does physical activity, they are essentially the same, and not separate (Perls, 1973).

To demonstrate that they are the same, I will present both mental and physical activity individually as this will illustrate the false mind-body split dilemma as follows: Man has the ability to learn to use symbols and abstractions demonstrated by the very fact that he can learn to read. Given that we have this innate ability, Gestalt theory posits that when using symbolism, man is being efficient. Mental activity saves time, energy and work. For example, if I wanted to build a house I first would fantasize what type of house I desired. I am using fantasy here in the broadest sense to use symbols or imagery to reproduce reality on a diminished scale. Symbols have their roots in reality but may not be represented in reality. Fantasy now represents thinking, dreaming and making maximum use of symbolism. By fantasizing, I am building the house in my mind with symbols rather than building it physically with bricks. When the energy is increased, mental activity turns into physical activity.

E. Awareness

Another premise of Gestalt theory is that of awareness (Polster and Polster, 1973). Awareness is a means by which an individual keeps in touch with one's self. There are four main aspects to keeping in touch with one's self: awareness of

sensation and actions; awareness of values and assesments. With the increased awareness in these four areas, an individual is headed in the direction of knowing himself at a more acute level and accordingly is better able to make a decision as to what he requires for healthy existence. After knowing what is needed, he is in a better position to make a decision as to how to manipulate his environment for his needs.

F. Contact Boundary

The sixth premise that is of concern is contact boundary. Contact is needed for growth and change. This contact can only exist between two separate entities. The means whereby contact is carried out are mainly through sensory and motor functions, but it can also be through experiencing memories and images vividly (Polster and Polster, 1973). It must be pointed out that as the whole is greater than the sum of all its parts, so does contact function since it is more than what goes into it. Touching, seeing, hearing and smelling are a function of contact, but how one makes contact, sees, smells, hears, and touches does not necessarily determine good contact. The point at which contact is made is called contact boundary. It is at this point where the self is experienced in relation to the non-self. That is, things which are not you are experienced more clearly and you experience yourself more clearly (Polster and Polster, 1973). Contact, like withdrawal, has cadance, and therefore, one cannot be in contact constantly. For example, in the course of a conversation, one may pause to think momentarily about a

statement introjected by the other conversationalist. By doing this, the rhythm of the conversation is broken, contact is broken momentarily, and shortly regained.

An individual holds certain attitudes toward the objects in the environmental field which can either assist or agitate the search for and satisfaction of the individual's needs. Those objects which hold a favorable attitude because they help the individual attain its needs are said to have a positive cathexis. Likewise, those objects which hold a negative attitude because they thwart the search for and satisfaction of specific needs being met, have a negatively cathected value placed on them. The positively cathected objects an individual wants to obtain and have around him. The negatively cathected objects, on the other hand, are the objects the individual wants to destroy for they prevent him from attaining his highly desired, positively cathected objects (Perls, 1973).

There are three ways in which the negatively cathected objects can be dealt with. The first and safest is that of rendering the object harmless or to destory those qualities that are a threat. The second best way to deal with negatively cathected objects is to get rid of it by scaring, or chasing it away. This form of annihilation, unlike the first, is one of withdrawal from the situation. The third is also a type of withdrawal--that of magic annihilation. However, this is only partial withdrawal and not withdrawal in the actual sense. If a person is hearing only what he wants to hear, or seeing only what he wants to see, or feeling only what he wants to feel, he

blocks out the negatively-cathected objects, thus scotomatizing. Scotomatizing is a partial form of withdrawal, the magical annihilation (Perls, 1973). Withdrawal is not necessarily bad nor is it necessarily good. Withdrawal can be quite healthy just as contact can be quite destructive.

When considering withdrawal as good or bad, three questions must be considered. First, withdrawal from what; secondly, withdrawal to what; and thirdly, withdrawal for how long. Without knowing these three questions, one cannot say if withdrawal is pathological or not. Contact also is neither good nor bad depending on how long contact is made and with what (Perls, 1973).

G. Neurosis

Neurosis as viewed by Gestalt, is a boundary disturbance (Perls, 1973). These boundary disturbances are precipitated from the individual not being able to locate and maintain an adequate balance between himself and environmental fields. Thus one can say that the environmental field(s) impinges too heavily on the individual by being too dominant or too submissive, and his neurosis is a defense against the seemingly powerful, overwhelming environmental field. In either case, it is the constant chronic, accumulating boundary interruptions which take their toll on the growth process of the individual. Neurosis operates through five mechanisms and when neurotic behavior is present, any number or combination of the five mechanisms may be in operation. However, it must be stated that just because an individual or group functions to some degree through these

neurotic mechanisms, he/they are not necessarily neurotic. It is only considered pathological and neurotic when the needs of the individual or group are constantly not met, and one or more of the neurotic mechanisms are employed as a defense and a means for trying to keep himself/group in equilibrium when the situation seems unfavorable. Regardless of the form this takes, the end result is confusion between the self and the other.
The five basic mechanisms that neurosis assumes are:

1. Introjection

It is not hard to see that in everyday life we accept and reject things from the environment, and the environment accepts and rejects things from us (Polster and Polster, 1973). This occurs both physiologically and psychologically in the environment and in the individual. One of three things can take place upon acceptance of material from the environment. First, we can assimilate the accepted material and growth will occur. Secondly, the accepted material can be dissimilated, and growth will not occur. The third event that may take place is a combination of the first two. The second and third processes are introjections.

The perils of introjection are dual in nature. When a person is introjecting, he has to devote energy in keeping the introjects in his system. In expending energy in doing this, he has less energy to devote to expressing or discovering himself. The other peril is that while expending this energy in keeping introjects, he has less time and energy to develop his own personality.

An additional point that must be presented at this time is the fact that introjections are not pathological at all times. It is quite obvious that actors, impersonators, or individuals who are role playing are introjecting. They are aware that they are introjecting, and thus, the pathological nature of introjection will not loom over the individual. However, if the actor begins to believe that he is whom he is trying to portray, the introjection is pathological.

In summary, introjection is a neurotic mechanism where the individual takes into himself from the environment ways of acting, thinking, feeling, which do not belong to him and are not truly his, but beleives and tries to conduct his behavior as if they were his. What has been done is that the boundary between the environment and the individual has moved into the individual to the point that he loses part of himself. Thus the individual makes the self responsible for what actually is the environment's responsibility.

2. Projection

An extreme case of projection is a person who is paranoid. It has been demonstrated that a paranoid individual is one who is highly aggressive and/or suspicious, is not able to take responsibility for his own actions, feelings, and thoughts (Perls, 1973). Accordingly, he attaches them to other people and objects in his environmental field. Not all projection exists in this form of pathological functioning. The projector is a person who is functioning in the "shouldn't" world. "I shouldn't do this," and "I shouldn't feel this way." The "shouldn't" is of course an

introject. However, in dealing with this introject, an individual attaches to other people the bad aspects within himself and does not identify himself to them. Thus identity confusion results. An individual can project without having an identity confusion and accordingly, the pathological nature of projection which characterizes the neurotic is not there. An example of a neurotic projection is that of the wife who believes that the marital relationship is more important than the satisfaction of her own personal needs. This can be precipitated from the introjected belief that she is subservient to the marital unit. As a result, she must get rid of, project, those impulses which exist within her onto others in her environment and she "grins and bears it." When she gets mad at her husband, she feels that he is mad at her and has disowned a part of herself in the process. However, like a good wife she "grins and bears it."

3. Retroflection

Simply, retroflection is doing to yourself what you would like to do to someone else, or to do to yourself what you would like someone else to do to you (Perls, 1973). Retroflection is the basic foundation for the ability of an individual to divide himself into the observer and the observed, or the doer and the done-to. When a person retroflects, he is the target for his own behavior in place of trying to manipulate his environment to bring about the necessary changes for need satisfaction. For example, a wife perceives that her husband will get angry at her for no reason at all. Being what she thinks is a good wife, she

does not say anything to him and acts as a wife should be--kind, loving and considerate. Rather than directing her anger towards her spouse, she directs it towards herself and develops a headache whenever the anger occurs towards her husband. When this retroflection becomes characterlogical, then identification is lost and the confusion which sets in is neurosis.

4. Deflection

Deflection is manipulation such that full contact is not made and the action is target-directed, but off-target. The individual who is a deflector often times is bored, confused, doesn't care, feels out of place and does not know how he came to feeling the way he does (Polster and Polster, 1973). Deflection is not necessarily pathological unless one becomes a constant user of it. At times, diplomacy is the better choice and one flows with the situation in full awareness of his own identity. If an individual becomes addicted to deflective behavior, his life becomes diluted in the sense that good contact is not being met, and his behavior thus becomes inappropriate. Pathology sets in and neurosis is born. To clarify this concept, an illustration will be given, again using the husband-wife situation. The setting is as follows: The husband came from a very hostile home environment where mother and father were constantly fighting with each other. This made him very upset and uncomfortable. He had vowed that, "When I get married, my wife and I will not fight like my parents did." With this introject, he is all set for deflection when every conflict arises. Accordingly, he begins

manipulating, deflecting, to avoid conflict situations when they arise. He tries to take the heat off of serious matters by making light of them and laughing them off. In short, he tries to waterdown all areas of potential conflict to the point where the marital relationship is shallow since good essential contact is missing. Thus marital growth stops, he has lost his identity, and in Gestalt terms he is neurotic.

5. Confluence

An individual who can not distinguish himself from others is in confluence. A person who is in pathological confluence cannot make good contact with, or good withdrawal from his environment, for he does not know where his boundary stops and the environment boundary begins (Perls, 1973). Accordingly, he feels that he has lost his boundary. Thus, confluence is only pathological when it is constant, for there are times when it is healthy to be in confluence with one's environment. A person who is in pathological confluence is confused about his needs, emotions, and his activities to the point where he is no longer aware of what he wants and how he is preventing himself from obtaining his needs. With this comes the characteristic of intolerance. He cannot tolerate any differences and demands that people hold the same views, attitudes, behavior, etc. Confluence is a poor basis for a marital relationship. It is impossible for two people to be of the same attitudes, likes and dislikes, behavior, thinking, etc., but the person in confluence is not aware of this. He will

only engage in activities that he believes his spouse wants, and he will not even pursue ideas, goals or think original thoughts because he does not know his own identity. He puts more energy into knowing whether his spouse approves or disapproves what he is doing. Eventually, after pushing his own personal needs out of the picture, whether he wants to or not, he will explode due to the frustration and lack of fulfillment. Accordingly, the marriage is in a poor state of affairs.

In all five of these mechanisms, the individual of concern has identification confusion which in fact is neurosis. The person who has developed these mechanisms prevents the self from becoming or experiencing the self. In short, these mechanisms distort the boundary between the individual and his environment, thus affecting contact and withdrawal.

Marital adjustment and the flow paradigm presented in the forthcoming pages are the researcher's conceptualization from the Gestalt literature presented.

Gestalt theory looks at man as an individual and as a social creature. With this view it is then necessary to look at both the individual and the environment when looking at the ills of either. In a marital relationship, if one individual is functioning in neurosis, this neurosis has to be considered in the whole, the whole being the marital relationship in this instance. With this Gestalt view, the individual is not subservient to the marital environment, and the marital environment is not subservient to the individual. As the individual responds to its dominant physical, psychological and social needs, so does the marital unit respond to its dominant

physical, psychological and social needs. If something threatened the well-regulated marital unit, both spouses would join together to preserve the union just as if something threatened an individual, he would rise to the battle of preservation. In other words, he is trying to restore equilibrium. If either the husband of wife are neurotic, that is, in disequilibrium with self, then the marital unit is also in disequilibrium. Thus, when the needs of the wider social environment are to be met by the marital unit, the unit cannot meet these needs. Conversely, this disorganized marital unit cannot properly seek needs gratification from the environment.

Accordingly, in a neurotic individual or in a neurotic group such as marriage, the individual or group cannot clearly see and attend to dominant needs. As a result of this, dominant needs are left unfulfilled. With the dominant need unfulfilled, equilibrium is not restored and disequilibrium prevails. The Gestaltist feels that the disequilibrium arises when the individual and marital unit simultaneously seek different need fulfillment and the individual is unable to distinguish which need is dominant, the marital unit's need or his own.

When the individual experiences a personal need which requires contact in an area outside the marital group, such as an occupation, requiring withdrawal from the marital group, conflict will arise if he cannot discriminate, cannot make a decision, or be satisfied with the decision he has made. If any of these takes place, good contact or withdrawal cannot be made. If good contact cannot be made, then not only is the individual affected, but the environment suffers as well. Assuming neurosis is a result

of the marital unit, it can be posited that the marital unit has impinged too heavily upon the individual. Thus the neurosis is a defense to protect one against the overpowering marital unit. It is his most effective means for trying to keep equilibrium in a situation where he feels that the odds are not in his favor.

If marriage is highly valued, it will become important to the individual. The need to obtain a harmonious dyadic relationship will be present. For this process to grow in a favorable, desired direction, adjustment must take place. In Gestalt terms, adjustment is being in equilibrium and attempting to restore equilibrium with the outer world which in this case is marriage. This process must be done without losing sight of one's own needs.

Marital adjustment then is defined as the process whereby both spouses have an accurate perception of their needs and the needs of each spouse, as well as both manipulating their environment to suit these needs in a manner which restores equilibrium for the individual and the marriage. This is not to say that conflict will not arise or that a crisis may not occur. However, when a conflict or crisis looms, the problem can be solved in a non-pathological manner. A marriage that is well adjusted will at times be in disequilibrium. The marriage process, just like an individual process, is a constant undulation between equilibria. In a maladjusted marriage, the area of conflict or crisis will not be met in an advantageous manner, and disequilibrium will persist.

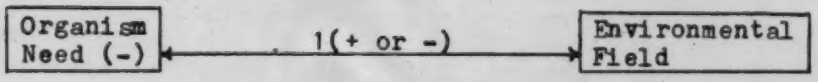
H. Propositions

Using the concepts reviewed above allows one to state the

following 13 propositions which are basic to the study of a behavior phenomenon through Gestalt framework.

1. There is a positive or negative reciprocal relationship between organism needs and environment field (see Paradigm 1).

Paradigm 1: Proposition 1



If the individual's needs are not met, then the organism is in disequilibrium. When disequilibrium persists, inappropriate behavior is displayed. In other words, good contact or withdrawal cannot be made. When good contact or withdrawal is not made, both the environment and the individual suffer. Good marital adjustment cannot be obtained or maintained. When maladjustment reigns in a marital relationship, needs are not being met. When needs are not met, the individual will continue to seek satisfaction of these needs until the organism is satisfied. However, if this is a prolonged search, the organism, due to the prevailing threat to the marital relationship, that is to say the disintegration of the relationship, will defend itself the best way it knows how. Neurosis is nothing more than a defense for the individual when the societal need factor is high and unsatisfied for a prolonged period of time. In short, the individual is in disequilibrium for an extended period of time. This state will only exist under

the condition in which the individual values the marital relationship. If the individual is in disequilibrium, he could go elsewhere for satisfaction rather than confronting the problem area. Accordingly, there would be nothing to get defensive about, so neurosis would not precipitate for the unsatisfactory relationship. It would be dissolved, and the partners would go elsewhere to satisfy needs.

The five neurotic mechanisms which were discussed earlier are the defenses that are active when marriage is valued. Very seldom will they function in their pure form, but instead will have threads of several at play, acting as the defence.

2. There is a positive relationship between an individual's neurosis and disequilibrium (marital maladjustment).

Within the individual there is a system of orientations that has the function of setting up a hierarchy of needs for the individual which is essential for need satisfaction and restoration of equilibrium. When this system becomes clouded and distorted, the dominant needs of the individual are not clear. It simply follows that when the dominant needs are unclear, then satisfaction of these needs are hindered. When these dominant needs are not being met, the organism will then develop a defense and the neurotic mechanisms come into action. It can be posited that there is a negative reciprocal relationship between system of orientation and neurosis. This in turn will effect another system operating in the individual which is the system of manipulation that will also effect the system of orientation. The system of

manipulation is the way in which the individual manipulate the environment to obtain its needs. This system of manipulation is also directly affected by the organism's system of orientation. Both the organism's system of orientation and manipulations affect the relationship between the individual and the environment. It also follows that the reverse is true and that is the relationship between organism need and environment will positively affect the organism's system of orientation and manipulation.

3. There is a negative relationship between neurotic mechanisms and organism's system of orientation, and this relationship is reciprocal.

4. There is a negative relationship between neurotic mechanism and system of manipulation, and this relationship is reciprocal.

5. There is a positive relationship between organism need and environment and organism's system of orientation, and this relationship is reciprocal.

6. There is a positive relationship between organism need and environment and organism's system of manipulation, and this relationship is reciprocal.

7. There is a positive relationship between organism's system of orientation and system of manipulation, and this relationship is reciprocal.

Not only does the system of orientation and manipulation have a major role in the activity, overt and covert, at the contact boundary, but the attitude towards the environmental field is as well active. As was discussed in the earlier pages,

those objects in the environment which hold a favorable attitude are positively cathected objects. These positively cathected objects have a favorable attitude because they help attain or are the needs of the individual. Those objects which have a negative attitude are negatively cathected objects. These objects thwart the needs of the individual and accordingly, the individual wants to eliminate them from the environment. The attitudes an individual has will directly affect the organism's system of manipulation, orientation, relationship between organism (-) need and environmental field. It is self evident that an attitude towards a particular "thing" can affect an individual's behavior and his behavior is analogous to the organism's system of manipulation. The more important a need is at a point in time the more it will affect orientation of needs and thus in turn affect our attitudes towards those needs. The reverse also holds true. The relationship between organism (-) need and environment directly affects our attitudes since this is representative of our past need fulfillment. It also holds that our psychological function will affect our attitudes and the neurotic mechanisms are part of this area.

8. An individual's attitude will positively affect organism system of manipulation, and this relationship is reciprocal.

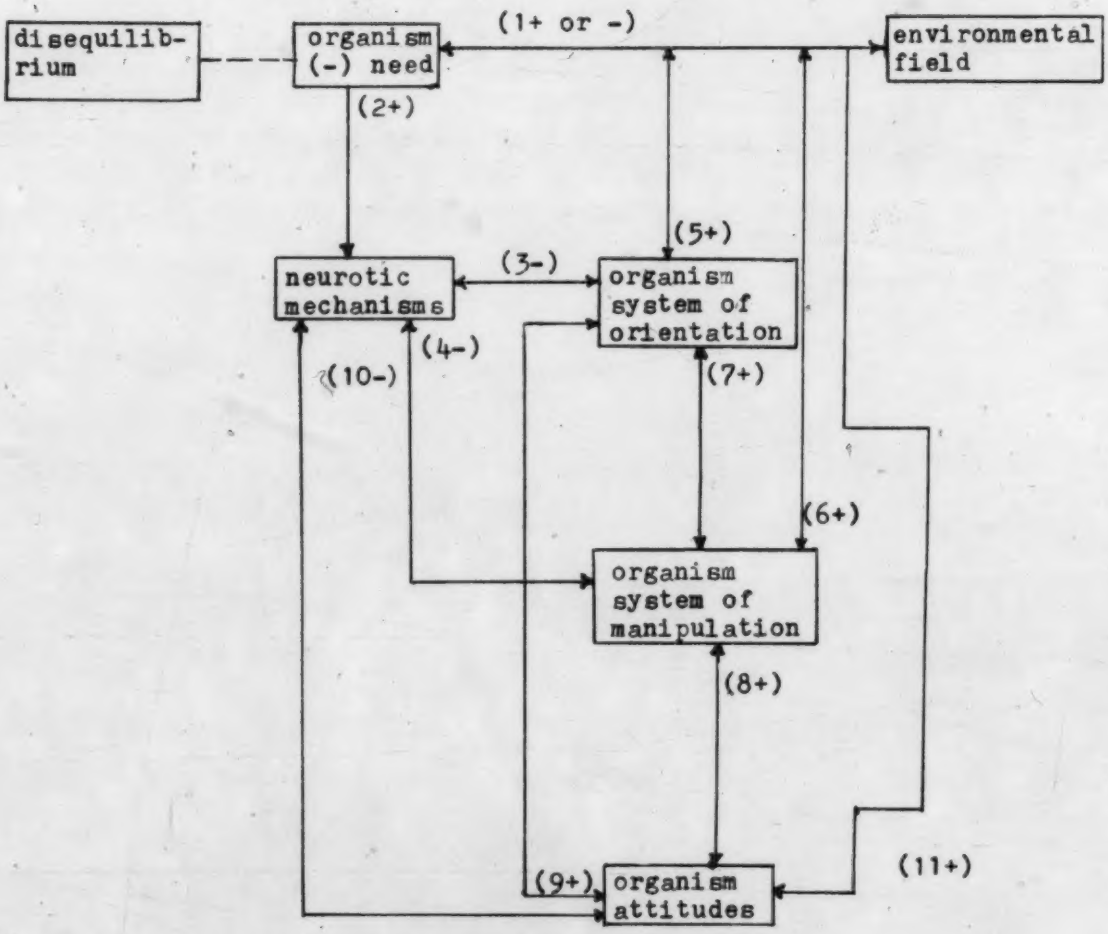
9. An individual's attitude will positively affect organism system of orientation, and this relationship is reciprocal.

10. Neurotic mechanisms negatively affect individual's attitude and this relationship is reciprocal.

11. The relationship that exists between organism (-) need and

environmental field will positively effect the organism's attitudes. This is demonstrated in paradigm (2) with propositions 1-11 represented.

Paradigm 2: Propositions 1-11



The contact boundary is where the action is. This is where the individual and the environment meet. However, at this meeting place a sense of separateness is maintained. The self is experienced and the non-self, that which is not the self, is experienced. With this contact, both are experienced more clearly (Polster and Polster, 1973).

Contact then has two ingredients, that is to say it has a sense of self and non-self (Polster and Polster, 1973). The other ingredient is that of decision-making experience. In terms of what has been presented thus far the contact boundary contains:

1) The organism minus need
2) The environment field
3) Organism's system of orientation
4) Organism's system of manipulation
5) Organism's attitude towards environment

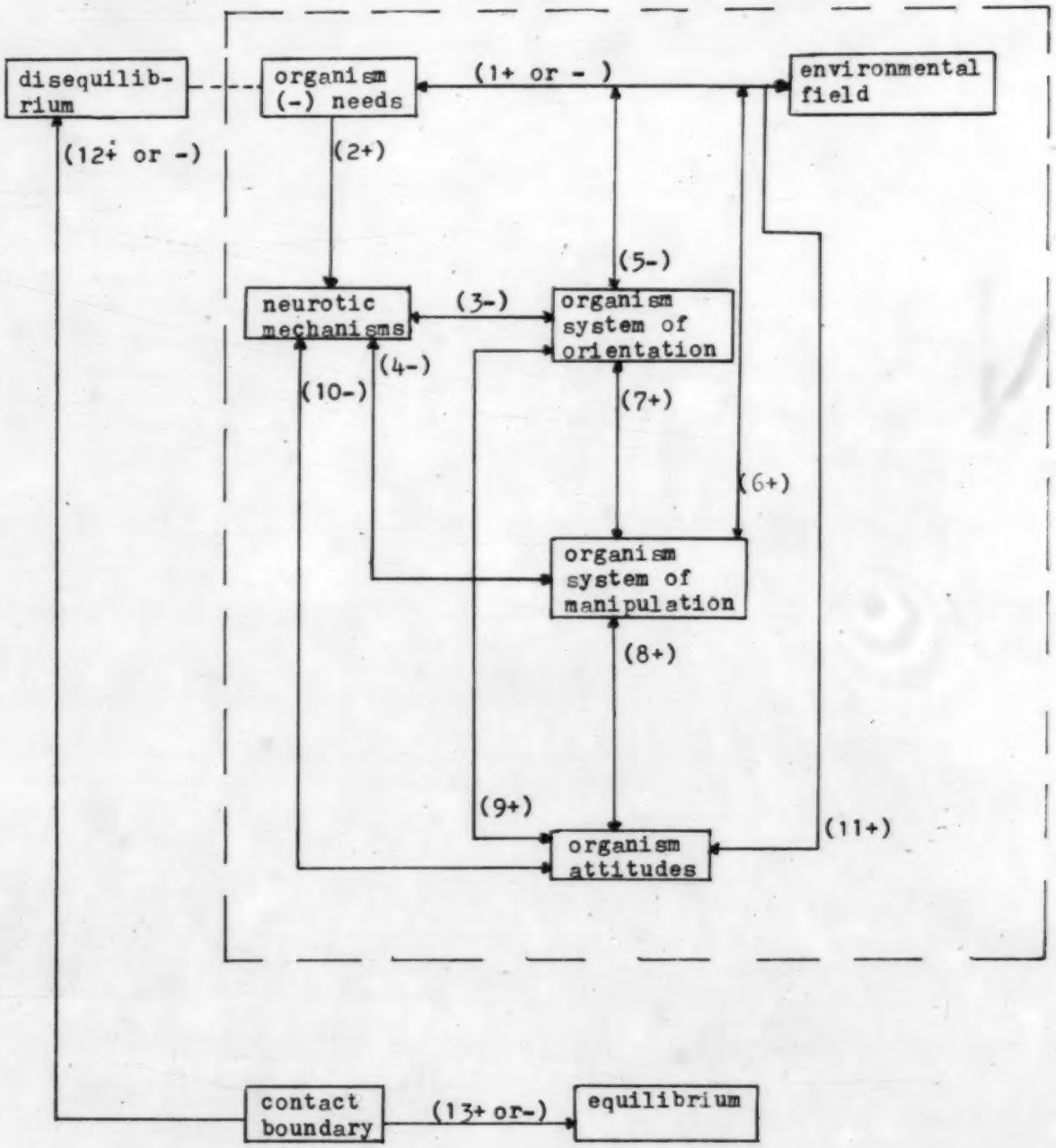
These entities make up the necessary ingredients for the activity at the contact boundary. From this, needs are satisfied and equilibrium restored, or needs are not satisfied and disequilibrium is maintained.

12. There is positive or negative relationship between contact boundary and disequilibrium.

13. There is a positive or negative relationship between contact boundary and equilibrium.

Propositions 1-13 are represented in paradigm 3.

Paradigm 3: Propositions 1-13



As was mentioned in the first section of this paper, inter-organism striving for equilibrium is the same type of process as intra-organism striving for equilibrium. Gestalt theory views man as a social creature and regards the relationship between individual and others as a need. Given that the marital relationship is valued, the well-adjusted marital relationship becomes an important need to be fulfilled. Accordingly, it is present in the individual's system of orientation in North America. Individuals enter marriage with different systems of orientation, manipulation and attitudes. If mutual agreement is not arrived at in regards to the needs that marriage will satisfy and the manner in which these needs are met, then needs of one or other or both individuals will not be met. Marital adjustment in Gestalt terms then requires good contact and withdrawal process whereby needs of both spouses and needs of the marriage institution are met. When important needs are not met, disequilibrium will exist. Persistence of this disequilibrium will lead to the establishment and use of the neurotic mechanism(s) in an attempt to restore equilibrium. At this point maladjustment is the major characteristic of the marriage.

Given that the marital adjustment is an important need to be fulfilled, it then follows that marriage becomes an environmental field which hold needs for the individuals. A marriage in adjustment is a marriage where there is a good contact and withdrawal. When the physiological, psychological and social needs that are provided by the marriage have a process whereby both spouses can satisfy these needs along with the needs that arise in other

environmental fields in which they are involved, marital adjustment prevails. This is not to say that the only place for all these needs that are present in marriage such as affection, sex, companionship, security, economical, emotional, can only be met and maintained in marriage. Such a view would be absurd at best.

An important point to consider is the assumption that the marital relationship must be valued. This assumption is not an arduous one given the propensity to marriage in our society. With the marital relationship valued, then the institution itself becomes an important need to be met and maintained. Individuals enter marriage with certain ideals about what marriage will hold for them. If both spouses do not come to some mutual agreement as to what marriage will cradle, then certain needs will not be met via the marriage.

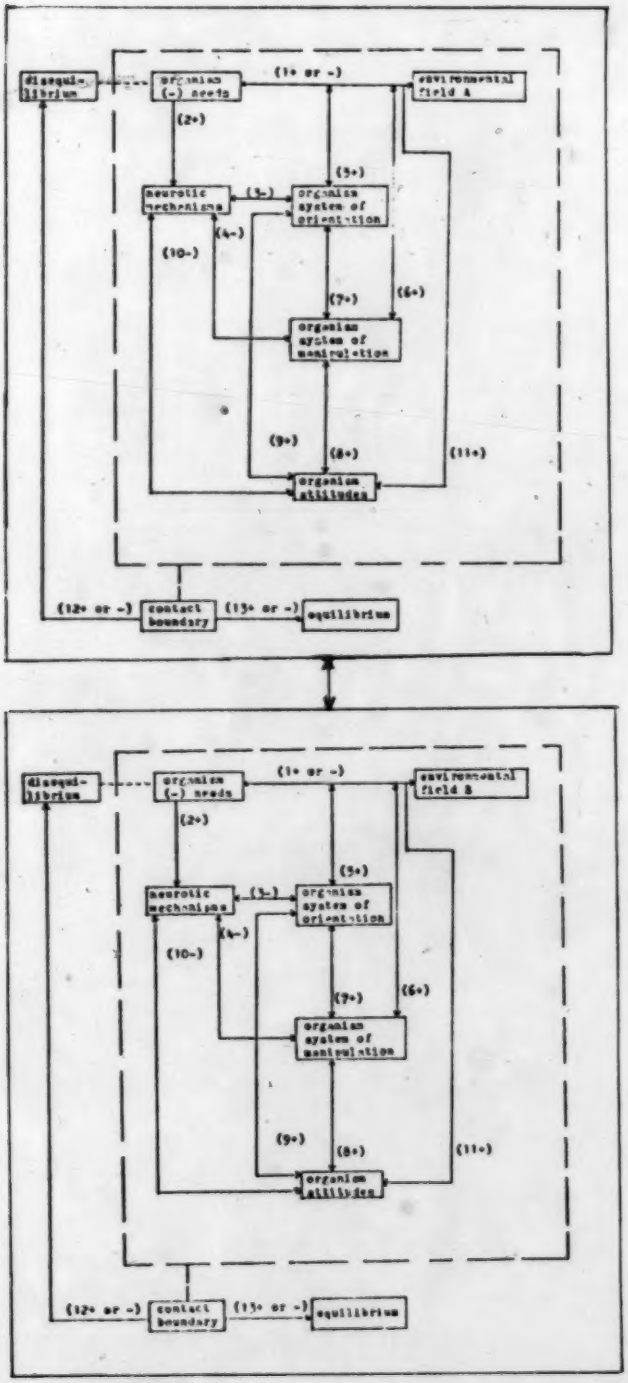
The more important the unfulfilled needs are, the greater the chance for an unsatisfactory marital relationship. Marital disequilibrium will then prevail if the individual identifies with his needs and seeks need fulfillment outside marriage or if they are not met within the marriage. If he does not identify with his needs and suppresses them, there will be both individual and marital disequilibrium until that time the individual needs are sought and met.

Another area in which marital maladjustment will arise is when the needs from other environmental fields that the individual is involved in are in conflict with the need-fulfillment of the needs provided by the marital unit. In short, he is not identifing with his needs, and disequilibrium prevails. These can be

demonstrated in paradigm 4 which shows more than one environmental field which the individual is involved in. Total field (A) will affect total field (B) and the reverse is also true; total field (B) will affect total field (A). This in turn can affect the equilibrium/disequilibrium of need fulfillment and is thus an important element in marital adjustment. When looking at marital adjustment in gestalt terms, the whole individual, that is, to say the person as a social, physical and psychological being, is considered, along with their marital interaction.

When the system of orientation and/or manipulation are not functioning properly to supply the needs of the individual, the neurotic mechanism(s) come into play as a defense in an attempt to restore equilibrium. Psychosomatic symptoms can arise out of the neurotic mechanisms, psychogenic headaches being one example (Perls, 1969 and 1973).

Paradigm 4: Showing Total Field A & B



CHAPTER III

RELATED LITERATURE

Psychogenic Headache and Marital Adjustment

Evidence has been reported which supports the position that psychogenic headaches can be related to the marital relationship. Knopf (1935), in a case study of 30 headache sufferers, found that 50% of the subjects reported indifferent or unsatisfactory marriages. Sixty percent of the subjects were 'goody-goody' or self-righteous, shy, anxious, jealous, ambitious, strong-tempered, timid and sensitive. Lack of sexual adjustment was common and headaches were related to specific situations.

To add further to this, Guthell (1934) conducted an in depth study of a chronic headaches sufferer. Mrs. Eva P., a 32 year old woman, had a headache every 2 or 3 days. Mrs. P. was married and had no children and it was felt that the major contributor to her headaches was her view towards men and sex. She had religious views that sex was unclean, lacked strong affection for her husband, which gave rise to moral inhibition, feared sexual intercourse, feared heart attack during orgasm, and hated males. All of these helped form a poorly functioning marital relationship, resulting in headaches for Mrs. P.

Wolf (1963) conducted a study with 25 female and 21 male subjects who were under 50 years of age and had headaches. He found that 30% of the subjects did not emancipate themselves from their mother even though they were married. Eighty percent

of the subjects did not adapt sexually to their married partner. Twenty out of twenty-five women were sexually dissatisfied with their spouse. Among the male headache subjects, impotence and premature ejaculation were common.

Rose and McHaughton (1945) administered the Rorschack test to 50 migraine subjects and compared the results to 150 normal subjects. The migraine subjects showed difficulty in sexual adjustment, intolerance, perfectionism, obsessive compulsive traits, and conventionality.

Ryan (1957) reported a study conducted by Lewis and Rowe who demonstrated that factors which give rise to migraines fall within three general categories:

1) Unexpressed hostile feelings
2) Unmet dependency needs
3) Nonspecific conflicts

They felt that by looking into the interpersonal relationship in particular, the spouse would aid in diagnosing and devising a treatment program which is effective. Fidman (1957) as well, holds the belief that headaches may be brought about by environmental stress with which the individual can not cope. He found that the most frequent conflict of a tension headache sufferer was with hostile and aggressive impulses of an intense and destructive nature. Fromm-Reichman (1937) found that migraine sufferers could not stand to be aware of the hostile feelings they had toward loved ones. As a result, they tried to repress such feelings and eventually expressed it by the physical symptom of the migraine.

Classification of Headaches

The classification of headaches is quite complicated, in that the physician must consider the site of pain, source of pain, character, frequency and duration of attacks, along with the nature of any associated manifestations. Even observation of a patient as he explains his symptoms are important, as the patient with a psychogenic headache will frequently not show pain when discussing his problems (Ryan, 1957).

Ikemi, et. al., (1962) classified headaches according to conditions which induce headaches from the psychomatic viewpoint as follows:

A. Primary Psychosomatic Disorders

1. Neuroses

   a. anxiety neurosis
   b. hypochrondiasis
   c. neurotic depression
   d. fatique neurosis
   e. hysteria
   f. traumatic neurosis

2. Psychophysiologic Autonomic and Visceral Disorders

   a. migraine
   b. hypertension
   c. others

B. Secondary Psychosomatic Disorders

1. Psychogenic overlay
2. Undue prolongation of a slightly organic disease

C. Non-psychogenic Organ Disease

The Ad Hoc Committee on classification of Headache has differentiated headaches as follows:

1. Vascular headache of migraine type

a. "Classic" migraine
b. "Cimmib" migraine
c. "Cluster" headache
d. "Hemiplegic" and "Ophethalmoplegic" migraine
e. "Lower-Half" headache

2. Muscle-contraction headache
3. Combined headache: vascular and muscle-contraction
4. Headache of nasal vasomotor reaction
5. Headache of delusional, conversion, or hypochondrical state
6. Nonmigrainous vascular headaches
7. Traction Headaches
8. Headache due to disease of overt cranial inflammation
9-13. Headache due to disease of ocular, aural, nasal sinus and dental, or other cranial or neck structures.
14. Cranial neuritides
15. Cranial neuralgias

As to headaches of psychological origin, vascular, muscle-contraction combined, and delusional, conversion, or hypochondrial headaches are predominantly involved. However, psychological factors interplay in a secondary role in all other classifications as well,(Ad Hoc Committee on Classification of Headache, JAMA, 1962).

Headaches can also be classified into three general categories (Diamond, 1969):

1) Vascular headache: Migraine, cluster hypertensive, and toxic headache
2) Muscle Contraction or tension headache
3) Traction and Inflammatory headache: organic in origin.

The term "migraine" headache is not universally accepted as the term to describe headaches of psychological origin. Some authors believe that any reoccurring headache is called a migraine, whereas others are more specific in their definition (Maxwell, 1966). A migraine is both vascular in nature and due

to psychophysiologic reactions. Alvarez (1959) described a migraine as a "vascular brain storm" precipitated by emotional, social, or sexual incompatibility.

Ikemi, et. al., (1962), formulated five diagnostic criteria for migraine:

1) Pulsating headache at the time of attack
2) Gastrointestinal disturbance
3) Eye symptoms
4) Characteristic personality and emotional type
5) Hereditary tendency of chronic headache of allergic conditions.

Psychological Factors in Chronic Psychogenic Headaches

According to Ikemi, et. al., (1962), headache is one of the most common symptoms observed by physicians and one most closely related to psychological factors. Friedman (1964) reported that 90% of chronic headaches are vascular, muscle contraction, and combined in origin. As mentioned earlier, these classifications of headaches are closely associated with psychogenic origins. Wolff (1948) noted that approximately 50-70% of all adults suffer from headaches, and Diamond (1969), went further to say that 90% of all headaches are largely non-organic. In a clinic population of headache sufferers, Ostfeld (1962) points out that women outnumber men from a ratio of 7:3 to a high of 9:1.

Fukamach (1962) analyzed the characteristic personality traits in 63 migraine sufferers: 75% were perfectionistic, obstinate, compulsive; 50% were short-tempered, excessively meticulous, too sensitive to criticism, and honest. The aforementioned traits make the mould for the migraine personality. Of the 63 patients, 60 were aware of psychological factors relating to the onset and recurrence of the migraine. The factors precipitating the onset of a migraine in these subjects are as follows:

1)	conflict between sexes	42.9%
2)	conflict at work	17.5%
3)	conflict with parents, siblings, etc.	15.9%
4)	other reasons	9.5%
5)	no reason	4.8%
6)	somatic factors (i.e. abortion)	4.8%

In all subjects, suppressed or severe hostility in interpersonal relationships was found to be the common psychological background. Diamond (1969), as well, supports this belief. Ostfeld (1962) also points out that in the family environment of most migraine patients, anger or rage has been suppressed. Similar tendencies were seen in psychological factors associated with a recurrence of migraine attacks.

Irritation	61.9%
Apprehension	42.9%
Anger	41.3%
Anxiety	30.2%
Tension	28.2%
Depression	17.5%
Sorrow	14.3%

Maxwell (1966) views headaches, on the other hand, as more commonly thought to be related to current stress producing situations or several minor irritating events which may not be obviously related to stressful situations, as it may occur some time after the stressful event has taken place. However, both Maxwell (1966) and Friedman (1953) support the idea that migraine and tension headaches may be an expression of an interpersonal relationship which is in discord. The main differentiation between migraine and tension headache seems to lie in the area of the head affected.

Ostfeld (1962) differentiates migraine and tension headaches as follows:

Diagnostic Feature	Migraine	Tension
onset	during periods of relaxation or sleep	during periods of psychological tension
pain	unilateral, throbbing	bilateral, steady
nausea and vomiting	usual	unusual
prodromata	not uncommon	rare
local scalp tenderness	usual	unusual
evidence of extracranial vasodilatation	not uncommon	rare
duration	less than 24 hours	highly variable

Since the study is concerned with the psychological causes of headaches rather than the location or physical aspects, the term "psychogenic headache" will be used rather than migraine or tension headache to describe the phenomena involved with in this study. Okasha, et. al., (1973), notes that the term psychogenic headache is not applicable for a diagnostic entity, but that it can be used quite well to refer to any type of headache in which psychological factors play a predominant role in the etiology of the headache.

Many studies give credence to the association of depression and psychological factors with chronic headaches. Kashiwagi (1972) reported on a study conducted by Cassidy in which 49% of manic-depressive patients suffered with headaches, as compared with 36% of medically sick controls, and 25% in healthy controls. Diamond (1969) also noted that 84% of his 423 depression patients listed headaches as a major complaint. Kashiwagi (1972) conducted a study at a neurology clinic on 100

subjects to assess the prevalence of psychological distress in functional headache patients. Fifty percent of all subjects experienced headaches as a result of depression. Ryan (1957) states that the depression headache often coincides with interpersonal situations where headache sufferer feels compelled to be agreeable, relaxed, and comfortable, when, in essence, (he) is repressing resentment for someone (he) believes (he) should love and respect. Bradley (1963) studied 35 cases of localized pain associated with depression. He reported that pain and depression were relieved by treatment of the depression. Lesse (1967) also stated many depressive states can be obscured by a number of somatic symptoms, headaches being a major one.

Gutt and Rees (1973) conducted a study to test the hypothesis that psychological factors may contribute to psychogenic headaches. Their random sample consisted of 50 men and 50 women, all of whom attended the migraine clinic. The subjects were matched with others suffering from non-migraine headaches, and groups not affected by headaches. Tests used were the Eysenck Personality Inventory, the abridged form of the Minnesota Multiphasic Personality Inventory, and Buss Durkae Hostility/ Guilt Inventory. The results of the study positively correlated psychological stresses as significant contributors to psychogenic attacks. As to specific psychological factors predisposing to migraine, migraine subjects experienced significantly more subjective symptoms of emotional distress than the controls. Over one half of the 120 migraine attacks recorded during the two

month study period occurred at the time of a stressful event in the subjects' life. Another support to the theory relating migraine headaches to psychological aspects is the fact that in half of the random sample, migraine headaches began during this period of stress relating to the testing. The evidence presented lends credence to studying the relationship of marital adjustment and migraine headaches.

In summary, the term psychogenic headache is being used as compared to migraine or tension headache since the study is not concerned with the location or characteristic of the headache, but in the etiology of the headache. In reviewing the literature, it has been demonstrated that psychological stresses, repressed or severe hostility in interpersonal relationships, depressions, and marital maladjustment are related to headaches.

CHAPTER IV

METHOD

Subjects

The sample population for this thesis consisted of women suffering from psychogenic headaches, as ascertained by a physician in a local medical clinic. The clinic nurses first went through the physician's files to select possible subjects for the study, and then contacted the individuals to obtain their cooperation. The husbands of the headache sufferers were also included in the study. The women were childless, unemployed, and had a minimum of one headache per week, originating after the marriage. These limitations were imposed in an attempt to demonstrate headaches caused by marital disequilibrium rather than by children, work stress, or other factors originating before the marriage. The Marital Adjustment Inventory (MAI), by M. Manson and A. Lerner, was used to obtain a marital adjustment score, as well as being an indicator of feelings towards spouse, themselves, and their relationship. The Edward Personality Preference Schedule (EPPS) was the instrument used to obtain the manifest needs of both husband and wife, and the strengths of these needs. A pre-test interview was conducted to obtain family background information, and additional information with regard to the couple's marital relationship. All three instruments were administered in the couple's home, with both spouses present.

Materials

A. Marital Adjustment Inventory

The MAI (see Appendix A) was selected for it identifies 12 areas of stress and tension which exist in the marital relationship. In each of the 12 areas, there are 4 scores. The self-evaluation score identifies problem areas, or personality problems that the individual feels he has, the spouse has or both have. The husband-wife (H-W) evaluation identifies problems characteristic of both husband and wife. The spouse-evaluation (S-E) score identifies problems characteristic of those of the spouse. The last score is the total evaluation (T-E) score which is the sum of the circled responses, and indicates the marital adjustment score (MAS) (Manson and Lerner, 1973). There are two drawbacks to this instrument. One is that data on reliability and validity is limited to inherent content of items, marital status, and self-ratings. Secondly, the adjustment score is dependent on the frequency of responses and not the type of responses. However, the instrument is of recent vintage and in reviewing the couple's responses, the MAI will provide information as to the effectiveness of the system of manipulation of the individuals as well as providing information for the system of orientation. The lack of a more appropriate, reliable valid instrument led to the selection of the MAI in assessing constant chronic boundary disturbances and marital adjustment.

B. Edward Personality Preference Schedule

The EPPS (see Appendix B) is a widely-used instrument and is designed to test the strength of 15 need variables. The EPPS manual (1959) states a test-retest coefficient of .70-.88, internal consistencies of split-half correlations from .60-.87, median propositions of consistency response of .78. The last value is lower than that of similar inventories. Freedom from the influence of social desirability, tends to increase the consistency of the response to items on the EPPS. The EPPS was selected because of the design of the instrument in measuring the strength of the 15 need variables and for its credibility. The EPPS provides information as to which manifest needs are more important to the subjects, thus assisting in obtaining information which was needed for observing the functioning of the system of orientation.

C. Pre-test Interview

A pre-test interview (see Appendix C) was conducted to assess family headache history, family background, and the marital relationship. The purpose of this was to provide additional information for the systems of manipulation, orientation and attitude towards marriage. The pre-test was formulated of questions which were believed to be of assistance in supplying this information.

Procedures

A physician's clinic in the city of Edmonton was contacted by the experimenter and headache subjects were secured from their medical charts. The only limitations specified by the experimenter as to what subjects were suitable for the study were that they be female, married and living with husband, childless, and have a minimum of one headache per week which originated after the marriage. The husbands of the headache sufferers were included in the study. The arbitrary headache frequency was selected so as to increase the probability that they are a result of disequilibrium due to the marital relationship.

Each subject was contacted by telephone to inquire as to whether she was willing to participate in the study. The experimenter administered the MAI, pre-test interview, and EPPS to both husband and wife in the subjects' home.

CHAPTER V

RESULTS

Description of the Sample

This section involves a description of each participating couple based on an interview and a questionnaire on family background filled out by both husband and wife, and the results of the MAI and EPPS for marital maladjustment and manifest needs, respectively. In comparing manifest needs of the participant with MAI responses, the EPPS definitions of manifest needs were used to illustrate any comparisons. These definitions may be found in the Appendix. After looking at the responses to the MAI, one is able to arrive at some general problem areas that the subject feels are related to himself, his spouse, or the couple's relationship. Table 1 summarizes the percentile scores for husbands and wives for manifest needs on the EPPS, and Table 2 indicates general guidelines for assessing marital maladjustment in the MAI.

Table 1: Percentile Scores for Husbands and Wives on EPPS for Manifest Needs*

Manifest Needs	H1	W1	H2	W2	H3	W3	H4	W4	H5	W5
Achievement	99	92	56	21	74	83	15	21	37	30
Deference	52	3	52	37	18	56	62	19	12	5
Order	40	6	1	19	40	19	15	80	47	80
Exhibition	66	23	92	61	87	84	75	42	66	15
Autonomy	97	100	95	89	7	54	88	96	88	64
Affiliation	8	27	39	7	75	81	75	15	67	10
Intraception	95	62	69	18	21	52	44	32	10	52
Succorance	8	8	50	46	26	46	65	64	42	92
Dominance	57	76	31	89	89	71	19	94	75	49
Abasement	27	23	81	87	21	29	75	95	21	92
Nurtutance	5	18	90	9	55	31	33	6	47	31
Change	76	97	6	94	46	45	38	30	87	23
Endurance	59	94	18	32	90	15	23	20	3	47
Heterosexuality	76	58	50	78	76	87	66	71	69	71
Aggression	8	78	91	78	2	38	82	71	91	20

* Percentile scores greater than 85 are considered high, and scores lower than 16 are considered low.

Table 2: Maladjustment Scores in Marriage for MAI

	Marital Maladjustment Score	
Evaluative Score	Husband	Wife
SE (Self-Evaluation Score)	20	20
SPE (Spouse-Evaluation Score)	10	14
H-WE (Evaluation of Couple)	15	15
TE (Sum of the other scores)	30	35

The Ashmonds ((H1)-(W1))

(1) Pre-test Interview

The Ashmond couple originally came from Australia, and have been married for a period of seven years. The wife married at age 17 and the husband at age 25. The family income is greater than $21,000. The husband is a psychiatrist and the wife is a part-time housewife and graduate student. The couple have moved five times in their marriage. Mrs. Ashmond enjoys living in different areas, and experiencing new things. The Ashmond's have no children since they do not want any at this point in time. Neither belongs to any clubs, but recreate both together and separate. The Ashmond's recreation consists mainly of reading and dining. She does not enjoy housework and avoids it until it needs to be done. Their free time schedule is very limited since Mr. Ashmond works on the average of 4 evenings per week and enjoys this very much. Mrs. Ashmond reported that her husband's evening work really doesn't bother her since she has work of her own to do which she enjoys, and doesn't mind being alone. Quite often her evenings are spent doing schoolwork.

Mrs. Ashmond has two half-sisters, the eldest being eighteen years older than she. It was reported that she had a better relationship with her mother than her father, but the family relationship, in general, was average. When asked what an average relationship was, Mrs. Ashmond responded by stating that the tension and strain was present, but that when people

live together for an extended period of time, this was bound to happen. Although Mrs. Ashmond had a better relationship with the youngest of her sisters, she objected to having three mother figures in the family. At present, she gets along better with her parents since she is considered an adult, and sees them about once per year. Next to her husband, Mrs. Ashmond is closest to a number of graduate student friends, mainly males. Her headaches began when she was 19 years of age. She currently gets one headache per week, lasting a duration of one day. Mrs. Ashmond felt that there was no particular time when her headaches would occur, but that she generally knew several hours in advance when they were to occur. Mrs. Ashmond's mother, father, and sisters also suffered from headaches. Mrs. Ashmond's husband is generally understanding of her headaches. For example, she stated that if she had a headache and they were going out for dinner, he would offer to stay home in a concerned and sincere manner. The headaches do not interfere with the couple's recreation, for Mrs. Ashmond stated that she wouldn't let it interfere with her activities. Mr. Ashmond has always had a good relationship with his parents, brother, and sister. None of his relatives suffered from headaches. Next to his wife, Mr. Ashmond is closest to his business associates, but he has no very close friends.

(2) MAI Results

Table 3 presents the results of the MAI for the Ashmond

couple:

Table 3: Marital Maladjustment Score

Evaluation Score	Maladjusted Normed Mean Score		(H1)	(W1)
	Men	Women		
SE	16.7	11.9	3	9
SPE	21.2	29.9	4	2
H-WE	8.3	9.3	1	1
TE	46.2	51.1	8	12

The TE score is the score most representative of marital maladjustment. The couple are both adjusted in marriage.

The responses to the MAI give a more broad view of the couple's relationship. Mr. Ashmond views himself as a selfish individual and his wife as a lonely, depressed person. To illustrate these statements, Mr. Asmond's responses on the MAI concerning his view of himself were that he does not know how to share, is chiefly interested in himself, forgets important things, and puts off disagreeable tasks. Mr. Ashmond thought his wife feels lonely, that most of the time her feelings are easily hurt, that she often feels very depressed and discouraged, and that she often feels left out of things. Mr. Ashmond believes both individuals have difficulties in trying to solve others' problems.

Mrs. Ashmond also sees herself as a lonely and depressed person. Mrs. Ashmond listed the same responses of herself as her husband listed of her, with the exception that she does not

feel left out of things. However, she also listed that she manages the money most of the time, is afraid of pregnancy, is afraid of showing her feelings, seems interested in being alone, very seldom has a sexual climax, and gets mad over small matters. Mrs. Ashmond agrees that her husband puts off disagreeable tasks. Both spouses realize that Mr. Ashmond is against adopting. In regards to their mutual feelings, Mrs. Ashmond feels that both have a very poor opinion of religion.

(3) EPPS Results

Table 4 shows high and low scores for manifest needs for both husband and wife.

Table 4: Manifest needs

	(H1)	(W1)
High Scores		
	Achievement	Achievement
	Autonomy	Autonomy
	Intraception	Change
		Endurance
Low Scores		
	Affiliation	Deference
	Succorance	Order
	Nurturance	Succorance
	Aggression	

In comparing the results of the MAI or the description of the couple, to the EPPS, similarities arise. Mr. Ashmond's high

scores in achievement and intraception are reflected in his choice of occupation and additional evening hours devoted to clients. The high score in autonomy also fits in with his MAI responses pertaining to his view of himself as a selfish person and one who puts off disagreeable tasks. Similarly, the low scores in affiliation, succorance, and nurturance can be expected with a self-centered individual according to the EPPS definition of these needs. Since aggressiveness as a personality trait was not indicated in the pre-test interview or MAI responses, the score is understandably low.

Mrs. Ashmond's high scores in achievement, autonomy, and endurance were indicated in the pre-test interview by her motivation and interest in her school work. Her high change score was also illustrated by her interest in living in different areas. Mrs. Ashmond's low score in deference and succorance is understandable since she indicated in the interview that she is a very independent person. She does not mind being by herself. The only indication of the low score in order is Mrs. Ashmond's habit of putting off housework until it has to be done.

The Grays ((H2)-(W2))

(1) Pre-test Interview

The Grays are originally from Saskatchewan and have been married for sixteen years. Both were 22 years of age at the time of marriage. Mr. Gray completed school through grade eleven, and Mrs. Gray through grade nine with an additional course in business. It is Mrs. Gray's second marriage, the first ending in divorce due to the husband being inconsiderate. The couple's income is between $11-15,000 per year. Mr. Gray works as a manual laborer, but is presently unemployed. Mrs. Gray is a full time housewife. The couple have moved twice in the last sixteen years. Neither desire any children. Both participate in curling, football games, and television together, but belong to no formal clubs.

Mrs. Gray is the eldest girl of eleven children, having six brothers and four sisters. She did not have a good relationship with her parents, but did have a good relationship with her siblings. The family lived in a small three room house, and it was quite crowded. Mrs. Gray has had a life of very few luxuries, and would like to travel and see some different parts of the world. She seems resentful of her husband for not being able to hold down a job long enough to enable them to get ahead financially. Both she and her husband spend more money than they have. Mrs. Gray's headaches began when she was 27 years of age. Her headaches occur three to four times per week, lasting all

day. Her brother, two sisters, and mother suffered from headaches. Mrs. Gray has no real close friends, but she feels their neighbor's wife understands her. Mrs. Gray feels that her husband is generally understanding of her headaches.

Mr. Gray had a good relationship with his parents and three sisters, but he was closest to his father. Mr. Gray spends a good deal of time with his male friends, hunting and fishing. He devotes most of his free-time to them, either participating in outdoor activities or assisting them with projects rather than spending time with his own family. Both spouses see their parents only about once or twice per year due to the distance. Mr. Gray has no family history of headaches.

(2) MAI Results

Table 5 presents the results of the MAI for the Gray couple:

Table 5: Marital Maladjustment Score

Evaluation Score	Maladjusted Normed Mean Scores		(H2)	(W2)
	Men	Women		
SE	16.7	11.9	24	15
SPE	21.2	29.9	22	5
H-WE	8.3	9.3	8	1
TE	46.2	51.1	54	21

The TE score shows Mr. Gray to be maladjusted and Mrs. Gray to be adjusted in marriage.

The responses to the MAI seem to indicate that both are unhappy with their relationship. Basically, Mr. Gray has a very poor self-esteem. Some of Mr. Gray's comments about himself were that he is unfair in many ways, a poor manager of money, sarcastic to people, fails to understand his family, is stubborn, is afraid of family responsibilities, and seems to be unable to better himself. He sees his wife as being lonely and discouraged with all aspects of the family life. For example, he feels that his wife is lonely and depressed most of the time, that her feelings are easily hurt, that he makes almost all of the family decisions, and that she would like a divorce. Mr. Gray sees their relationship as one in which both spouses are unwilling to help their relationship. His MAI responses indicate that both spouses are stubborn, find faults with others, and always make excuses for their own failures.

Mrs. Gray also views herself as a lonely and depressed individual. She sees herself as a quarrelsome, selfish person who would like her own way. Mr. Gray is seen as a dishonest, stubborn, sarcastic, person who gets more fun out of things away from home. Although Mrs. Gray was adjusted in marriage according to the MAI, her responses were that of a maladjusted person. Her low MAI score reflecting adjustment can be related to her lack of response, since MAI maladjustment scores are decided by frequency and not by the type of response.

(3) EPPS Results

Table 6 shows the high and low scores for manifest

needs for both husband and wife:

Table 6: Manifest Needs

	(H2)	(W2)
High Scores	Exhibition	Autonomy
	Autonomy	Dominance
	Nurturance	Abasement
	Aggression	Change
Low Scores	Order	Nurturance
	Change	Affiliation

Mr. Gray's high scores in autonomy and aggression are reflected by his MAI responses of lack of responsibility in marriage, his sarcastic nature to others, and his ability to find faults with others, but makes excuses for his own failures. The high score in nurturance is related not to his family, but to his attitude towards friends as noted in the pre-test interview. The low scores in order and change were also illustrated through Mr. Gray's MAI apparent lack of assistance around the house, and his lack of motivation to improve his situation.

Mrs. Gray's high score in dominance bears out her MAI responses related to her making the majority of the family decisions. The pre-test interview showed that Mrs. Gray does want change in her life, but does not have it. The high score in autonomy can only be illustrated by her desire to always have her own way, as illustrated by the MAI responses. The high

abasement score is rather difficult to interpret since Mrs. Gray generally wins arguments and cries if she can't get her own way. However, her criticism of others may reflect her feelings of inferiority to others, thus producing a high abasement score. Mrs. Gray's low scores in nurturance and affiliation can be demonstrated by her lack of friends and again, ease in criticizing others.

The Whatmores ((H3)-(W3))

(1) Pre-test Interview

The Whatmores are originally from Alberta and have been married for eleven years. Mr. Whatmore was 23 and Mrs. Whatmore was 19 at the time of marriage. The family income is over $21,000. Mr. Whatmore is a comptroller with a grade 12 education, and his wife is a housewife with two years college. The couple have moved three times in their marriage. Mrs. Whatmore is unable to have children and would like to adopt, but Mr. Whatmore is against adoption. Mr. Whatmore is away on business trips quite often, but the couple do camp together in the summer and snowmobile in the winter.

Mrs. Whatmore was closest to her mother, but also had a good relationship with her one brother. At present, she has a lot in common with a nextdoor neighbor. Mrs. Whatmore's headaches began when she was 21 years old, and they have become more severe. She has an average of three headaches per month, lasting for three days each. Her brother and mother also had headaches. The headaches do interfere with the couple's recreation. Mrs. Whatmore believes that her husband is very understanding of her headaches.

Mr. Whatmore is close to his two brothers and his father, but not to his mother. The relationship has not changed through the years. In the pre-test interview Mr. Whatmore seemed to derive much pleasure from talking about his position, and the

places his company would send him on business. He seemed to feel that he was irreplaceable to the firm. He puts long hours in at the office and seems to enjoy his position. None of Mr. Whatmore's relatives suffer from headaches.

(2) MAI Results

Table 7 presents the results of the MAI for the Whatmore couple:

Table 7: Marital Maladjustment Score

Evaluation Score	Maladjusted Normed Mean Score		(H3)	(W3)
	Men	Women		
SE	16.7	11.9	11	9
SPE	21.2	29.9	16	14
H-WE	8.3	9.3	4	16
TE	46.2	51.1	31	39

Both husband and wife are maladjusted in marriage according to the TE scores of the MAI.

Mr. Whatmore sees himself as a lonely person who is afraid to show his feelings. He manages the money and makes most of the family decisions, but he does not assist with the household chores. Mr. Whatmore views his wife as a lonely, depressed, selfish, childish person who wants her own way. He also feels that she is concerned over their marriage and interested in money. Mr. Whatmore feels that both he and his wife are stubborn even when wrong.

Mrs. Whatmore's responses about herself were basically the same as those viewed by her husband. However, she feels that her husband enjoys life more away from her, that he is childish, does a poor job of managing the money, does not know how to share, and contributes little to the housework. Mrs. Whatmore feels that both she and her husband are stubborn, discouraged, unfair, and poor money managers.

(3) EPPS Results

Table 8 shows the high and low scores for manifest needs for both husband and wife:

Table 8: Manifest needs

	(H3)	(W3)
High Scores	Exhibition Endurance	Heterosexuality
Low Scores	Autonomy Aggression	Endurance

Mr. Whatmore's high scores in exhibition and endurance were illustrated in the pre-test interview by his self-esteem related to his job. The low score in aggression and autonomy may be shown by his MAI response of being afraid to show his feelings, and his expressed desire to be respected at the

office as a hard worker.

Mrs. Whatmore's high scores in heterosexuality are unexplained. Neither pre-test interview nor her MAI responses gave any indication of this. Her low score in endurance was indicated in the MAI response in which she viewed herself as a lazy person.

The Clarines ((H4)-(W4))

(1) Pre-test Interview

The couple are both originally from Alberta and have been married for three years. Both were 24 at the time of marriage. Mrs. Clarine completed high school, and Mr. Clarine also completed a trade school course in carpentry. The family income is between $11-15,000 per year. Mrs. Clarine is a full-time housewife. The couple have moved only once in their marriage. Neither are ready for children. The couple recreate together by playing cards and going to bars. Mrs. Clarine has one brother, and is moderately close to him and her parents. She is close to no one in particular other than her husband. Her headaches began when she was 24 years old, and occur at a frequency of two per week, lasting about six hours, and falling mainly on weekends. Mrs. Clarine's headaches can interfere with the couple's recreation. Mr. Clarine is generally understanding of his wife's headaches.

Mr. Clarine is an only child, and gets along well with his parents. Mr. Clarine does go out with the boys occasionally to the bar and he resents having to ask his wife if he can go. Mr. Clarine's other hobbies are hunting and fishing, activities that also exclude his wife. None of his relatives suffer from headaches.

(2) MAI Results

Table 9 presents the results of the MAI for the Clarine couple:

Table 9: Marital Maladjustment Score

Evaluation Score	Maladjusted Normed Mean Score		(H4)	(W4)
	Men	Women		
SE	16.7	11.9	11	10
SPE	21.2	29.9	21	16
H-WE	8.3	9.3	6	5
TE	46.2	51.1	38	31

Mr. Clarine is maladjusted in marriage and Mrs. Clarine is adjusted.

Mr. Clarine thinks of himself as a poor manager of money, useless in assisting his wife around the house, unable to control his feelings, and thoughtless concerning his family. He sees his wife as selfish, depressed, stubborn, concerned over the marriage, and interested in being alone.

Mrs. Clarine also feels that neither spouse knows how to manage money or control their tempers. Mrs. Clarine at one time thought that marriage would solve problems, but does worry about her marriage now. She is depressed, lonely, loses her temper easily, and feels left out. She views her husband as a selfish, stubborn, lazy person who has a poor opinion of his family, and enjoys life most away from his wife. Mrs. Clarine feels that neither she or husband can manage money or show their feelings.

They both make excuses for their failures. It is interesting to note that Mrs. Clarine is adjusted according to her MAI score.

(3) EPPS Results

Table 10 shows the high and low scores for the manifest needs for both husband and wife:

Table 10: Manifest needs

	(H4)	(W4)
High Scores	Autonomy	Autonomy Dominance Abasement
Low Scores	Abasement Order	Affiliation Nurturance

Mr. Clarine's high score in autonomy can be corroborated both by MAI responses and the pre-test interview. MAI responses indicating autonomy are spending too much money for pleasure, forgetting to do important things, and making excuses for failures. Mr. Clarine's resentment at having to ask his wife if he can go to the bar with the boys also shows autonomy. The low scores in abasement and order were again demonstrated by MAI responses of forgett ng to do important things and losing control of feelings.

Mrs. Clarine's high scores in dominance are reflected in

her management of the household. The high autonomy score is reflected by putting off disagreeable tasks and making excuses for failures. The high abasement score may be related to her feelings of being left out, depression and loneliness. The low scores in affiliation and nurturance can be illustrated by Mrs. Clarine's lack of friends.

The Dahls ((H5)-(W5))

(1) Pre-test Interview

Mr. and Mrs. Dahl came here from Ontario when they were married four years ago. Mrs. Dahl was 25 and Mr. Dahl was 27 at the time of marriage. The family income is between $16-20,000 per year. Mr. Dahl completed four years of college and is an office manager at a dairy. Mrs. Dahl completed high school and is a full-time housewife. The couple have moved four times in their marriage. They presently have no children, but would like to have children sometime. The couple's recreation generally consists of going out to dinner with husband's business associates, and skiing in the winter.

Mrs. Dahl has three sisters, but she is closest in the family to her mother. She has a poor relationship with her father. Mrs. Dahl has a number of casual friends whom she sees often, but no real close friends, she does enjoy going to cultural events, and likes to sew. Her headaches began when she was 28, and occur twice per week, lasting all day. They generally interfere with the couple's recreation. Mrs. Dahl likes to be alone when they occur. Her husband generally understands and leaves her alone. Mrs. Dahl's mother also had headaches.

Mr. Dahl has a good relationship with his parents and his younger brother. Mr. Dahl's position involves moving every couple years. He enjoys this aspect of his job. His manager position involves supervising quite a number of men and women in

the office, and this he also enjoys. He has no real friends to speak of, just business associates. Hobbies are generally related to dining or cultural events rather than outside sports. None of Mr. Dahl's relatives suffer from headaches.

(2) MAI Results

Table 11 presents the results of the MAI for the Dahl couple:

Table 11: Marital Maladjustment Score

Evaluation Score	Maladjusted Normed Mean Score		(H5)	(W5)
	Men	Women		
SE	16.7	11.9	7	21
SPE	21.2	29.9	20	7
H-WE	8.3	9.3	10	10
TE	46.2	51.1	37	38

Both spouses are maladjusted in their marriage.

The answers to the MAI show that the Dahls have a sexual problem in their marriage. He sees his wife as depressed, selfish, and afraid of sex. She apparently feels sex is a duty and needs much sex information. Mr. Dahl has sex with others, and his wife is aware of it. Mr. Dahl manages the money in the family and makes most of the family decisions. Mr. Dahl feels that neither he or his wife can manage money, and both are stubborn.

Mrs. Dahl expressed the same views about herself and the couple's relationship as stated by her husband. Mrs. Dahl feels that her husband has a poor opinion of her, and Mrs. Dahl also has a poor opinion of herself according to the responses.

(3) EPPS Results

Table 12 shows the high and low scores for both husband and wife in manifest needs:

Table 12: Manifest needs

High Scores	(H5)	(W5)
	Autonomy	Succorance
	Change	Abasement
	Aggression	
Low Scores		
	Deference	Deference
	Intraception	Exhibition
	Endurance	Affiliation

Mr. Dahl's high scores of aggression and autonomy did not manifest themselves in either the pre-test interview or the MAI responses. His high score in change, however, can be related to his position which does involve moving quite often. A low score in deference seems to conform with his position. Mr. Dahl would rather lead than follow. The low scores in intraception and endurance, however, are unexplained.

Mrs. Dahl's high score in abasement was illustrated by her low opinion of herself on the MAI. The high score in succorance and low score in affiliation may stem from her desire for casual friends, but not true friendships which require giving part of oneself.

CHAPTER VI

DISCUSSION

In comparing the MAI responses of the wives perception of themselves (table 13), all five of the wives listed themselves as often feeling very depressed and discouraged. Four out of five wives listed themselves as feeling lonely most of the time (1,3,4,5), feelings easily hurt (1,2,3,4), often getting angry or mad over small matters (1,2,3,4), often left out of things (2,3,4,5), and worrying over their marriage (2,3,4,5). Three of the five wives listed themselves as managers of the money most of the time (1,3,4). Four of the wives perceived their husbands as being stubborn when wrong (2,3,4,5), and getting more fun and pleasure when away from home (2,3,4,5). Three of the five wives perceived their husbands as treating others better than family members (3,4,5), and as selfish persons(3,4,5).

In comparing the MAI responses of the husband's perception of themselves (table 14), three of the five husbands felt that they could not discuss personal problems freely (2,3,4), spent too much money on credit purchases (2,3,4), and had a very opinion of religion (2,3,4), never assisted with housework (2,3,4), and are stubborn even when wrong (2,3,5). Two wives (3,5) perceived their husbands as not being able to discuss problems freely. Of these two wives, only wife (3) is in agreement with her husband. None of the wives mentioned their

Table 13

WIFE'S PERCEPTION OF SELF:

MAI QUESTIONS RESPONDED TO BY PARTICIPANTS

Question Numbers responded to:	Mrs. Ashmond	Mrs. Gray	Mrs. Whatmore	Mrs. Clarine	Mrs. Dahl
			2		
	3		3	3	3
			5		
			8		9
		10	10		
	15	15		15	
	16	16	16	16	
					21
			25	25	
	28				28
	29	29	29	29	29
			32		
		33	33		
			35		35
			40		
			41		
			42		
					45
		49		51	
			53		
	54	54	54		
		57			
			58		
		59	59	62	62
		66	66	66	66
		68			
		72			
			73	73	
		74			
		75	75	75	
				76	
	80			80	
			81		
			82		
			85		
		87		87	
	95				
		96			96
					105
			109		
			110		
	134				138
					142
	143				
					154

Table 14

HUSBAND'S PERCEPTION OF SELF:

MAI QUESTIONS RESPONDED TO BY PARTICIPANTS

	Mr Ashmond	Mr. Gray	Mr. Whatmore	Mr. Clarine	Mr. Dahl
Question		2	3		4
			5		5
Numbers		6			
			8		8
responded				10	10
					12
to:			15		15
	19				
	20		20		
		21			
	22		24	25	
			26	26	
		32			
		33		33	
	35			35	
		38			38
		40			
	41	41	41	41	
	42	42	42		42
				44	
		45			
		48			
		51		51	
					54
		56			
		59	59		
				60	60
				61	61
		62	62	62	
	73				73
		74	74		74
				77	77
		78			
		80	80		
		83			84
		85			
		87		87	
				88	
		89			
		95	95	95	
		99			
		104			
		105			
				116	117

	Mr. Ashmond	Mr. Gray	Mr. Whatmore	Mr. Clarine	Mr. Dahl
Question					123
Numbers		126 138 145		145	
responded		147 154			
to:		157	157		

husband's buying on credit. Two of the wives (1,3) perceived their husbands as having a very poor opinion of religion, with only wife (3) in agreement with her husband. None of the wives listed their husbands as never assisting with the housework. Four of the wives (2,3,4,5) listed their husbands as stubborn even when wrong with wives (2), (3), and (5) perceiving this the same as their husbands but husband (4) did not see himself as stubborn.

Husband's perception of the wives is illustrated in table 15. All five of the husbands perceived their wives as often feeling very depressed and discouraged. Four of the husbands perceived their wives as having their feelings easily hurt (1,2,4,5), stubborn even when wrong (2,3,4,5), and often getting angry or mad over small matters (1,2,4,5). Three of the husbands perceived their wives as managing the money most of the time (2,3,4), winning most of the arguments (2,4,5), giving most of the orders in the home (2,3,4), often feeling left out of things (1,2,4), wanting their own way (2,3,4), putting off disagreeable tasks (3,4,5), and being a very selfish person (3,4, 5). All five of the husbands and wives listed the wife as often feeling depressed and discouraged. Four of the wives perceived themselves as lonely most of the time, with husbands (1) and (2) also listing this. Wife (2) made no note of this aspect. Only one husband agreed with his wife that she was lonely.

Four of the five wives listed themselves as having their feelings easily hurt, and four of the husbands were in agreement

with their wife's statement. Husband (5) also perceived this of his wife, but the wife did not believe her feelings were easily hurt. Therefore, three husbands perceived the same as their wives in this area. Four of the husbands viewed their wives as stubborn when wrong, but only one wife listed this and was in agreement with her husband. Therefore, three husbands perceived their wives as being stubborn when the wives did not list themselves as being so. Four of the wives listed themselves as often getting angry or mad over small matters and four of the husbands listed that of their wives. However, husband (3) did not list this of his wife, but his wife did, and husband (5) did list this of his wife, but his wife did not. Four wives listed themselves as often feeling left out of things, and three husbands also perceived this. However, only husbands (3) and (4) were in agreement with their wives. Three of the husbands perceived their wives as giving most of the orders in the home, but only one wife listed that of herself. Three husbands perceived their wives as putting off disagreeable tasks, and two wives listed that of themselves in agreement with their husbands. Four of the wives listed themselves as worrying very much over their marriage, while only two of the husbands perceived this of their wives. Three of the husbands felt that their wives always make excuses for faults or failures, and two of the wives listed this of themselves. However, only couple (2) were in agreement. Three husbands listed their wives as very seldom having a sexual climax, and only one wife listed this of herself. The three husbands

Table 15

HUSBAND'S PERCEPTION OF WIFE:

MAI QUESTIONS RESPONDED TO BY PARTICIPANTS

	Mr. Ashmond	Mr. Gray	Mr. Whatmore	Mr. Clarine	Mr. Dahl
Question Numbers responded to:			1	2	
	3	3			
		8	5	8	
				9	
		10		10	
					12
		15	15	15	
	16	16		16	16
	19			19	
			22		
		24	24		
			28		
	29	29	29	29	29
			35		
			38		
		40			
		42	42	42	42
		43			
			48		
		49		49	49
		53			
	54	54		54	54
				55	
		57			
			59		
					61
				62	62
					65
	66	66		66	
		68	68	68	
					70
		72	72	72	
			73	73	73
		74			74
			75	75	
				77	77
					80
			81	81	81
					84
		85			85
		87	87		87
			92	95	
		96			97

	Mr. Ashmond	Mr. Gray	Mr. Whatmore	Mr. Clarine	Mr. Dahl
				98	100
					103
Question		104			
Numbers		113			
					114
responded				116	
					117
to:		122			122
					126
		132			132
				134	134
				138	
		141			
		143		143	143
		145		145	145
		147			

that listed this of their wives have habits and behavior which are very annoying to the corresponding wives. Three of the wives listed themselves as managing most of the money, and three of the husbands listed this of their wives. However, only couples (3) and (4) were in agreement.

Wife's perception of husbands is illustrated in table 16. Four of the wives perceived their husbands as being stubborn even when wrong, and three husbands perceived this as well. Four of the wives perceived their husbands as having more fun and pleasure away from home, and none of the husbands listed that. Three of the wives listed their husbands as treating others better than family members, while none of the husbands perceived this of themselves. Three of the husbands perceived themselves as not being able to discuss personal problems freely, while two of the wives perceived this of their husbands, but only one was in agreement with her spouse. Three of the husbands perceived themselves as never helping around the house, while only one wife perceived that of her husband. Three husbands perceived that they spend too much money on time payments while none of the wives perceived that. Three husbands listed that they have a very poor opinion of religion while two wives listed that of their husbands, with only one couple in agreement.

Summary

The common personality profile of the wives and husbands as determined by the EPPS demonstrates minor common

Table 16

WIFE'S PERCEPTION OF HUSBAND

MAI QUESTIONS RESPONDED TO BY PARTICIPANTS

	Mrs. Ashmond	Mrs. Gray	Mrs. Whatmore	Mrs. Clarine	Mrs. Dahl
			2		
			5	5	
Question		7			
			8		8
Numbers			10		10
			11		
Responded			15		
		16	16		
to:			20		
					21
					23
			25	25	
		27			
			29		
			31		
			33		33
				35	
					37
			40		
			41		
		42	42	42	42
			46	46	46
			47		
			48		48
				51	
			54		
			58		
			59		59
			62		62
				63	
			65		
	73			73	
					75
			81	81	81
			82		
				87	
					88
				89	89
	95		95		
					96
					101
				110	
				120	120

	Mrs. Ashmond	Mrs. Gray	Mrs. Whatmore	Mrs. Clarine	Mrs. Dahl
Question number responded to:		152	152	139 145 148	152 154

manifest needs. Three wives scored high in autonomy, three in abasement, and three low in affiliation. Two wives scored high in change, two in dominance and two in succorance. Two wives scored low in deference and two in nurturance. Four husbands scored high in aggression. Two husbands scored low in endurance and two in order.

In reviewing the related literature presented in Chapter II, the following associations are replicated in this study. Lesse (1967), Diamond (1969), and Kashwagi (1972) have found a relationship between psychogenic headaches and depression. In this study, all five wives rated themselves as often feeling very depressed and discouraged with all of the husbands perceiving this of their wives. None of the literature reviewed showed a relationship between parents having headaches and their children having headaches. In this study, all five of the wives' mothers had headaches and in some cases both father and other siblings had headaches as well. Cuthell (1934), Knopf (1935), Ross and McLaughton (1945), Friedman (1953), Fukamach (1972), Ostfeld (1962), Maxwell (1966), and Diamond (1969) found that there is an affinity between interpersonal relationships and psychogenic headaches.

Gestalt Assessment

In considering the response in this sample by the spouses on worrying about the marriage, stubbornness, pleasure away from home, selfishness, inability to discuss personal

problems, and the treatment of family members, it can be posited that the husband-wife interpersonal relationship is experiencing constant chronic boundary disturbances with regards to the marital environmental field. Thus good contact is not being made with the individual and the environment. The marital unit is impinging too heavily upon these wives, and their neurosis is a defense to protect themselves against the overpowering marital unit as perceived by the Gestalt framework. Neurosis as determined by frequency of headaches is the most effective means for trying to keep equilibrium in a situation where the wife feels the odds are not in her favor. The neurotic mechanism which these women are employing is that of retroflection. As was mentioned earlier, when a person retroflects, (he) is the target for (his) own behavior in place of trying to manipulate (his) environment to bring about the necessary changes for need satisfaction.

The MAI showed that only three of the five wives' marriages as maladjusted. However, the MAI maladjustment score is determined by the frequency of responses and not by the type and pattern of responses. Thus an individual could score happily adjusted but have indicated a maladjusted relationship with responses such as: has poor opinion of family members, lacks good understanding of family problems, is disloyal to the family, treats others better than family members, does not appreciate family living, and worries much about marriage. These type of responses indicate maladjusted marital relationships, but the MAI scores indicated marital adjustment.

In Gestalt terms, all of the marriages are maladjusted due to the constant chronic boundary disturbances which exist. It is known that all of the wives are improperly manipulating their environmental field, as represented by the psychogenic headaches and the use of retroflection. From the information gathered, it is not known if their system of orientation is properly functioning or not. It can be posited, however, that their attitudes towards marital life is positive because of their concern over their marriages.

The results of this study seem to indicate that there is no abundance of common manifest needs among the study group as can be seen in table 1 . However, the responses to the MAI were demonstrative of common responses with relationship to self and spouse perception of their relationship as is demonstrated in tables 13-16. The wives had more common characteristics in self-perception than the husbands. The husbands' perception of their wives was accurate according to the wives' self perception responses.

More information is needed to determine whether or not the system of orientation is properly functioning. This would also affect the system of manipulation, individual's attitudes, and defense mechanism as well as the relationship between the individual and the environmental field.

CHAPTER VII

SUMMARY AND CONCLUSION

Summary

In summary, after viewing the families and seeing whether the headaches are related to marital adjustment and how they are related to marital adjustment in terms of the Gestalt flow chart, the following statements can be made:

1. The wifes' attitudes toward marriage with their husbands is positive since they reported concern over it. However, other attitudes such as roles that each spouse should be eliciting and attitudes towards divorce are not known. These unknown attitudes could produce an affect on neurotic mechanisms, system of orientation, system of manipulations, as well as affecting the relationship between the organism with need deprivations and the environmental field.

2. The wives' systems of manipulation are not operating properly since they often feel lonely, depressed, left out of things, worried over losing their husband, and have a high frequency of psychogenic headaches. Also of importance is the fact that all of the wives had a headache history in their immediate family. Therefore, the headache could have been a learned response to manipulating the environment when under prolonged disequilibrium.

3. The major defense mechanisms employed by the wives is that of retroflection for the wives are the target of their own behavior with their frequent psychogenic headaches.

4. The contact boundary between husband and wife is poor due to the identification loss which is characteristic of

retroflection. This demonstrates that the wife cannot locate and maintain an adequate balance between herself and other environmental fields. Accordingly, the environmental field is impinging too heavily upon the wife and her neurosis. Constant use of retroflection is a defense against the seemingly powerful environmental field. Given that these wives are not employed, are childless, have minimal outside interests, have negligible disagreement with relatives, hold positive attitudes towards their present marriage, are concerned about losing their marriage, had the headaches occur after marriage and that poor contact boundary leads to disequilibrium, it can be postulated that important needs are not being met which are a function of the marital relationship. Accordingly, the environmental field which is impinging too heavily on the wife is the marital environment.

5. The information gathered about the system of orientation is incomplete. The EPPS weaned out the manifest needs as well as placing them in a hierarchy. However, the information gathered in conjunction with the EPPS via pre-test interview and MAI did not lend itself to providing the appropriate information to make an assessment with respect to system of orientation. The need list presented by the EPPS is incomplete in and of itself due to the ever changing galaxy of needs which could be important to an individual. It would have been helpful to direct additional probing in designated manifest need areas in a post-test interview after data was gathered and assessed. Accordingly, from the information gathered it is not feasible to determine how the system of orientation is affected by or is affecting the neurotic mechanisms, organism system of manipulation, organism attitudes

and the relationship between organism minus needs and the environmental field. However, it is known that the relationship exists.

6. The information is incomplete with respect to how retroflection, working through the system of manipulation, is affecting the marital relationship and attitudes except that it is an ineffective means of dealing with the disequilibrium. As long as this defense is in operation, important needs are not going to be met. It is not known whether if these important marital needs are met that the headaches would continue if other important needs are constantly unfulfilled.

7. The MAI was based on frequency, and not type of responses. Therefore, an individual responding only a few times may be adjusted in marriage although the responses may indicate dissatisfaction with the marital unit.

The MAI, EPPS and Pre-test interview, in general, demonstrated in this sample that the psychogenic headaches were probably related to marital adjustment as viewed through a Gestalt model. It is not possible to say at this point, in general, how the psychogenic headaches are affecting the marital relationship other than that retroflection is a defense and as long as this is being used, general marital disequilibrium will prevail.

Conclusion

The purpose of this thesis was to determine how physical symptoms, psychogenic headaches in particular, can be related to marital adjustment. The results of the study indicate that more research should have been conducted to determine whether or not the couples' systems of orientation were functioning properly before the headache-adjustment relationship could be more accurately illustrated. This could be accomplished by assessing the three instruments administered and taking that information into a second interview as a foundation for getting material with respect to needs, and importance and satisfaction of these needs. It is believed that probing after assessment is necessary due to the wide range of individual needs.

Retroflection was shown to be the major defense mechanism used by the wives, but it is not known whether, once important marital needs are met, the headaches would persist. A follow-up study consisting of counselling to determine needs and needs satisfaction would solve this problem.

A third conclusion was that the Gestalt framework is a useful tool in viewing marital adjustment in terms of need satisfaction and manipulation of the environment. However, additional research needs to be conducted to assess the relationship between physical symptoms and marital adjustment.

It has been demonstrated by this study that interpersonal relationships, in particular, marital relationship can give rise

to psychogenic manifestations. Given this, it would seem feasible to treat the psychogenic manifestation through environmental therapeutic intervention (i.e., marital counselling), rather than chemical therapy or even individual counselling.

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APPENDIX A

THE MARRIAGE ADJUSTMENT INVENTORY

Circle One:
Husband
Wife

THE MARRIAGE ADJUSTMENT INVENTORY

By

MORSE P. MANSON, Ph.D.

ARTHUR LERNER, Ph.D.

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WHY YOU ARE FILLING THIS FORM:

Your Counselor wishes to be of service to you. To provide your Counselor with background information about yourself and your problems, it is very helpful to fill this form. This form is confidential and your Counselor will not reveal any information unless you give him permission to do so. Please begin now.

FULL NAME Last Name First Name Middle Name			DATE
ADDRESS			TEL. NO.
OCCUPATION	AGE	EDUCATION COMPLETED	
CIRCLE ONE: I AM: MARRIED – SEPARATED – DIVORCED		NO. OF MARRIAGES	
HOW LONG MARRIED?	NO. OF CHILDREN	AGES OF CHILDREN	

WHAT YOU ARE TO DO:

This form has a number of problems which married persons have experienced. No person has experienced all these problems. *Read each question carefully and decide if the problem exists in your marriage.* If it is not present in your marriage, do not answer, go on to the next question. Do not answer questions if they do not describe problems in your marriage. If a question does apply to your marriage, circle the letter "H" if the problem is that of the HUSBAND. Circle the letter "W" if the problem is that of the WIFE. Or circle the "H-W" if *both* HUSBAND and WIFE have that problem.

FOR EXAMPLE: No. 1. IS UNFAIR IN MANY WAYS ..... H - W
If the HUSBAND has this problem, the "H" is circled ..... (H) - W
If the WIFE has this problem, the "W" is circled ..... H - (W)
If *both* HUSBAND and WIFE have this problem, the "H-W" is circled ..... (H - W)

You will have all the time you need to finish this form. Please turn the page and begin now.

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	FR	DO	IM	NT	SP	MM
1. Is chiefly interested in money			H-W			H-W
2. Is unfair in many ways				H-W		
3. Feels lonely most of the time			H-W			
4. Gets involved in sex with others	H-W					
5. Has poor opinion of family members						H-W
6. Is a poor manager of money					H-W	
7. Is a dishonest person		H-W				
8. Makes most of the family decisions			H-W			
9. Seldom faces problems honestly				H-W		
10. Often loses temper					H-W	
11. Often wants to hurt people			H-W			
12. Often makes impossible demands of others						H-W
13. Lives far beyond financial means	H-W					
14. Dislikes most friends of the family		H-W				
15. Manages the money most of the time			H-W			
16. Feelings are easily hurt				H-W		
17. Often thinks of killing self					H-W	
18. Prefers sex with some one of the same sex						H-W
19. Tries to support too many people			H-W			
20. Does not know how to share						
21. Lacks good understanding of family problems	H-W					
22. Is chiefly interested in self			H-W			
23. Often is cruel to people					H-W	
24. Dislikes most relatives of the other family members	H-W					
25. Can not resist buying things that are not needed			H-W			
26. Spends too much money for pleasure						H-W
27. Is very sarcastic and insulting to people					H-W	
28. Is afraid of pregnancy				H-W		
29. Often feels very depressed and discouraged				H-W		
30. Dislikes very much to eat at home	H-W					
31. Neglects to pay the bills						H-W
32. Is a very poor housekeeper			H-W			
33. Often makes fun of and teases people				H-W		
34. Is in trouble with the police a good deal					H-W	
35. Forgets to do important things			H-W			
36. Needs much help to pay debts						H-W
37. Is disloyal to the family	H-W					
38. Often does foolish things			H-W			
39. Gambles too much					H-W	
40. Often has tantrums when can not have own way			H-W			
41. Never helps around the house	H-W					
42. Is stubborn even when wrong			H-W			
43. Does not have enough spending money						H-W
44. Often is so jealous loses control of self				H-W		
45. Very often uses poor judgment			H-W			
46. Treats others better than family members	H-W					
47. Drinks too much					H-W	
48. Seems very childish in many ways			H-W			
49. Wins most of the arguments		H-W				
50. Goes to parents when can not have own way			H-W			
51. Wastes too much money						H-W
52. Never helps with the children	H-W					
53. Starts crying to win arguments			H-W			
54. Often gets angry or mad over small matters				H-W		
55. Is a very poor companion	H-W					
56. Is afraid of the responsibilities of this marriage			H-W			
57. Often is very suspicious for no good reason				H-W		
58. Is nearly always in debt						H-W
59. Often makes fun of family members	H-W					
60. Often loses control of feelings			H-W			
61. Feels guilty during or after the sex act				H-W		
62. Can not discuss personal problems freely			H-W			

	FR	DO	IM	NT	SP	MM
63. Does not appreciate family living	H-W					
64. Is very stingy with money						H-W
65. Uses force or threats to have own way		H-W				
66. Often feels left out of things			H-W			
67. Feels frightened during the sex act				H-W		
68. Nearly always wants own way		H-W				
69. Feels lack of money is the cause of our marriage troubles						H-W
70. Feels ashamed when nude				H-W		
71. Feels sex act is a duty			H-W			
72. Gives most of the orders in the home		H-W				
73. Puts off facing disagreeable tasks			H-W			
74. Spends too much money buying on-time payments						H-W
75. Worries very much over our marriage				H-W		
76. Once thought our marriage would solve most problems			H-W			
77. Does not know how to save money						H-W
78. Is nearly always against what family wants to do	H-W					
79. Is very crude and rough during the sex act			H-W			
80. Seems very much afraid of showing feelings				H-W		
81. Is a very selfish person			H-W			
82. Becomes sexually aroused by certain objects — not men or women					H-W	
83. Is very wasteful and impractical						H-W
84. Causes much trouble for our family	H-W					
85. Always finds fault with other people			H-W			
86. Needs a drink or two before facing up to things				H-W		
87. Always makes excuses for faults or failures			H-W			
88. Is thoughtless about the welfare of our family	H-W					
89. Often fails to cooperate with our family	H-W					

	CH	IS	PH	AB	SL	IN
90. Very much dislikes our children	H-W					
91. Is chiefly interested in clothes		H-W				
92. Is a very dull person				H-W		
93. Is very unhappy because there are no children	H-W					
94. Is chiefly interested in sex					H-W	
95. Has a very poor opinion of religion		H-W				
96. Is always quarreling and fighting						H-W
97. Dislikes very much to pet or make love					H-W	
98. Is very annoying during sleep			H-W			
99. Needs much help to get necessary things done				H-W		
100. Needs much information about sex					H-W	
101. Wants a good deal of attention in public places		H-W				
102. Is too old a person			H-W			
103. Feels disgusted over the sex act					H-W	
104. Has very bad breath			H-W			
105. Seems unable to better self				H-W		
106. Is very cruel to our children	H-W					
107. Always avoids meeting people		H-W				
108. Is too young a person			H-W			
109. Feels there is a problem because of our religious differences		H-W				
110. Is a very lazy person				H-W		
111. Becomes disturbed over unusual sex acts					H-W	
112. Is in very poor health			H-W			
113. Feels very much like getting a divorce						H-W
114. Has peculiar ideas about sex					H-W	
115. Spends too much time and money for medical care			H-W			
116. Is very much against adopting children	H-W					
117. Most times feels dissatisfied after our sex act					H-W	
118. Loves some one else more						H-W
119. Is very unhappy because unable to have children	H-W					
120. Spends too much time at parties or with friends		H-W				
121. Needs much care because of illness or age			H-W			

	CH	IS	PH	AB	SL	IN
122. Gets little or no satisfaction from our sex act					H-W	
123. Has sex affairs outside of marriage						H-W
124. Wants to have too many children	H-W					
125. Dislikes very much to dress properly		H-W				
126. Keeps avoiding responsibilities of our marriage						H-W
127. Appears ugly and repulsive during sex act					H-W	
128. Is not well developed physically			H-W			
129. Wants very much to leave family						H-W
130. Gives little love or attention to our children	H-W					
131. Is very much over-weight or under-weight			H-W			
132. Prefers to have very few or no sex acts					H-W	
133. Feels it is impossible to make our marriage work						H-W
134. Seems interested in being alone		H-W				
135. Does not want to have children	H-W					
136. Feels our marriage has been very harmful						H-W
137. Is going through physical changes which are very disturbing			H-W			
138. Does very little to improve self				H-W		
139. Feels our marriage is not very important						H-W
140. Punishes our children very much	H-W					
141. Feels our marriage has failed						H-W
142. Makes a very poor appearance			H-W			
143. Very seldom has climax or peak of excitement during our sex act					H-W	
144. Feels our marriage was failure right from the honeymoon						H-W
145. Has habits and behavior which are very annoying			H-W			
146. Feels getting a divorce is best thing to do						H-W
147. Does not earn enough money				H-W		
148. Is very sloppy at the table			H-W			
149. Will do anything to get a divorce						H-W
150. Feels need for different kinds of sex acts					H-W	
151. Is chiefly interested in being popular		H-W				
152. Gets more fun and pleasure when away from home						H-W
153. Has lost all interest in sex					H-W	
154. Does not learn much from experience				H-W		
155. Needs help to understand our children	H-W					
156. Is a very poor worker					H-W	
157. Feels getting help to solve our marriage problems is foolish and a waste of time and money						H-W

MAI SUMMARY

	Self Evaluation	Spouse Evaluation	H-W Evaluation	Total Score
	C.S. (H = 20) C.S. (W = 20)	C.S. (H = 10:25) C.S. (W = 14:35)	C.S. (H = 15) C.S. (W = 15)	C.S. (H = 30:50) C.S. (W = 35:55)
RAW SCORES				
Percentile HA-ADJ				
Percentile AV-ADJ				
Percentile UNH-ADJ				

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APPENDIX C

PRE-TEST INTERVIEW

1) How long have you been married ?

   A) 2 years and under

   B) 3-5 years

   C) 6-15 years

   D) 16 years and over

2) Family income

   A) 10,000 and under

   B) 11,000-15,000

   C) 16,000-20,000

   D) 21,000 and over

3) How old were you and your spouse at the time of marriage ?

husband	wife
A) under 20	A) under 20
B) 21-25	B) 21-25
C) 26 and over	C) 26 and over

4) Has anyone in your family had frequent headaches ? Asked of both husband and wife

   A) yes

   B) no

5) At what age were you when your frequent headaches started ?

   A) under 20

   B) 21-25

   C) 26-30

   D) 31-35

   E) 36-40

   F) 41 and over

6) Most of the time is your husband -

A) understanding

B) not understanding

of you when a headache occurs ? (the husband is also asked if he is understanding)

7) The number of brothers and sisters and in what order ? This is asked of both spouses

8) What was your relationship like with your parents, brothers and sisters while living at home ? This is asked of both husband and wife

9) How do you get along with your parents, brothers, and sisters at present ? This is asked of both husband and wife

10) Do your close friends have headaches ? Both spouses were presented with this question

11) Where were you originally from and how many times have you moved since your marriage ? This is asked of both husband and wife

12) What are your reasons for not having children ? Asked of both spouses

13) Do headaches interfere with your recreation ? This is asked of both husband and wife

14) How do you recreate ? Both spouses were asked

15) To whom are you close to other than your spouse and the reasons for the relationship ? This is asked of both husband and wife

16) What Clubs and Organizations do you belong to ? Both spouses were asked.

APPENDIX D

MANIFEST NEED DEFINITION

1. ach Achievement: To do one's best, to be successful, to accomplish tasks requiring skill and effort, to be a recognized authority, to accomplish something of great significance, to do a difficult job well, to solve difficult problems and puzzles, to be able to do things better than others, to write a great novel or play.

2. def Deference: To get suggestions from others, to find out what others think, to follow instructions and do what is expected, to praise others, to tell others that they have done a good job, to accept the leadership of others, to read about great men, to conform to custom and avoid the unconventional, to let others make decisions.

3. ord Order: To have written work neat and organized, to make plans before starting on a difficult task, to have things organized, to keep things neat and orderly, to make advance plans when taking a trip, to organize details of work, to keep letters and files according to some system, to have meals organized and a definite time for eating, to have things arranged so that they run smoothly without change.

4. exh Exhibition: To say witty and clever things, to tell amusing jokes and stories, to talk about personal adventures and experiences, to have others notice and comment upon one's appearance, to say things just to see what effect it will have on others, to talk about personal achievements, to be the center of attention, to use words that others do not know the meaning of, to ask questions others cannot answer.

5. aut Autonomy: To be able to come and go as desired, to say what one thinks about things, to be independent of others in making decisions, to feel free to do what one wants, to do things that are unconventional, to avoid situations where one is expected to conform, to do things without regard to what others may think, to criticize those in positions of authority, to avoid responsibilities and obligations.

6. aff Affiliation: To be loyal to friends, to participate in friendly groups, to do things for friends, to form new friendships, to make as many friends as possible, to share things with friends, to do things with friends rather than alone, to form strong attachments, to write letters to friends.

7. int Intraception: To analyze one's motives and feelings, to observe others, to understand how others feel about problems, to put one's self in another's place, to judge people by why they do things rather than by what they do, to analyze the behavior of others, to analyze the motives of others, to predict how others will act.

8. suc Succorance: To have others provide help when in trouble, to seek encouragement from others, to have others be kindly, to have others be sympathetic and understanding about personal problems, to receive a great deal of affection from others, to have others do favors cheerfully, to be helped by others when depressed, to have others feel sorry when one is sick, to have a fuss made over one when hurt.

9. dom Dominance: To argue for one's point of view, to be a leader in groups to which one belongs, to be regarded by others as a leader, to be elected or appointed chairman of committees, to make group decisions, to settle arguments and disputes between others, to persuade and influence others to do what one wants, to supervise and direct the actions of others, to tell others how to do their jobs.

10. aba Abasement: To feel guilty when one does something wrong, to accept blame when things do not go right, to feel that personal pain and misery suffered does more good than harm, to feel the need for punishment for wrong doing, to feel better when giving in and avoiding a fight than when having one's own way, to feel the need for confession of errors, to feel depressed by inability to handle situations, to feel timid in the presence of superiors, to feel inferior to others in most respects.

11. nur Nurturance: To help friends when they are in trouble, to assist others less fortunate, to treat others with kindness and sympathy, to forgive others, to do small favors for others, to be generous with others, to sympathize with others who are hurt or sick, to show a great deal of affection toward others, to have others confide in one about personal problems.

12. chg Change: To do new and different things, to travel, to meet new people, to experience novelty and change in daily routine, to experiment and try new things, to eat in new and different places, to try new and different jobs, to move about the country and live in different places, to participate in new fads and fashions.

13. end Endurance: To keep at a job until it is finished, to complete any job undertaken, to work hard at a task, to keep at a puzzle or problem until it is solved, to work at a single job before taking on others, to stay up late working in order to get a job done, to put in long hours of work without distraction, to stick at a problem even though it may seem as if no progress is being made, to avoid being interrupted while at work.

14. het Heterosexuality: To go out with members of the opposite sex, to engage in social activities with the opposite sex, to be in love with someone of the opposite sex, to kiss those of the opposite sex, to be regarded as physically attractive by those of the opposite sex, to participate in discussions about sex, to read books and plays involving sex, to listen to or to tell jokes involving sex, to become sexually excited.

15. agg Aggression: To attack contrary points of view, to tell others what one thinks about them, to criticize others publicly, to make fun of others, to tell others off when disagreeing with them, to get revenge for insults, to become angry, to blame others when things go wrong, to read newspaper accounts of violence.